	evel produced by rate revision effective	July 1, 2009
(1)	(2)	(3)
	Annual Premium	Percent
<u>Coverage</u>	Volume (Illinois)*	<u>Change (+ or -)**</u>
1. Automobile Liability		
Private Passenger		
Commercial		
Automobile Physical Damage		
Private Passenger		
Commercial		
Liability Other Than Auto		
Burglary and Theft		All and a second a
5. Glass		
6. Fidelity		
7. Surety8. Boiler and Machinery		
9. Fire		Market Control of the
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		0.50
15. Other Workers' Compensation	\$7,492,163	2.5%
Line of Insurance		
Does filing only apply to certain territo	ry (territories) or certain classes? If so, s	pecify:
No.		, , , , , , , , , , , , , , , , , , , ,
Brief description of filing. (If filing follo		
	ws rates of an advisory organization, spe	
Rate filing based on NCCI's approve		cify organization);
	ed advisory loss costs.	
* Adjusted to reflect all prior rate ch	ed advisory loss costs. Au anges.	
* Adjusted to reflect all prior rate ch ** Change in Company's premium le	anges. vel which will	
* Adjusted to reflect all prior rate ch	anges. vel which will	
* Adjusted to reflect all prior rate ch ** Change in Company's premium le	anges. vel which will	wonly Filing
* Adjusted to reflect all prior rate ch ** Change in Company's premium le	anges. vel which will	
* Adjusted to reflect all prior rate ch ** Change in Company's premium le	anges. vel which will	AIG Casualty Company Name of Company
* Adjusted to reflect all prior rate ch ** Change in Company's premium le	anges. vel which will	AIG Casualty Company Name of Company Walter Murphy
* Adjusted to reflect all prior rate ch ** Change in Company's premium le	anges. vel which will	AIG Casualty Company Name of Company Walter Murphy Filings Analyst
* Adjusted to reflect all prior rate ch ** Change in Company's premium le result from application of new rate	anges. vel which will	AIG Casualty Company Name of Company Walter Murphy
* Adjusted to reflect all prior rate ch ** Change in Company's premium le	anges. vel which will	AlG Casualty Company Name of Company Walter Murphy Filings Analyst Official - Title
* Adjusted to reflect all prior rate ch ** Change in Company's premium le result from application of new rate	anges. vel which will	AlG Casualty Company Name of Company Walter Murphy Filings Analyst Official - Title
* Adjusted to reflect all prior rate ch ** Change in Company's premium le result from application of new rate	anges. vel which will	AlG Casualty Company Name of Company Walter Murphy Filings Analyst Official - Title
* Adjusted to reflect all prior rate ch ** Change in Company's premium le result from application of new rate	anges. vel which will	AIG Casualty Company Name of Company Walter Murphy Filings Analyst

SPRINGFIELD, ILLINOIS

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APR 24 2009

IDFPR (MPC)
DIVISION OF INSURANCE
SPRINGFIELD

Illinois

ILLINOIS SUMMARY SHEET

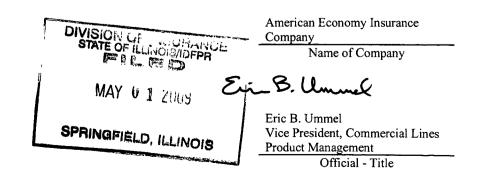
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	DIVISION OF ME	RF-3	
	PIATE ANTI INSTIDANT	· ·	
	LINOIS/IDEANC	E	
Change in	n Company's premium or rate level produced by the revisi	on effective:	July 1, 2009
	(1) JUL 0 1 2009 Cove SPRINGFIELD, ILLINOIS	1 (2)	(2)
	(1) -52 0 1 2009	(2)	(3) Percent
		Annual Premium	
	Cove RINGFIELD	Volume (Illinois) *	Change (+ or -) **
•	LILD, ILLINOIS	1	
1.	Tutomoone Siesing		
	Private Passenger		
_	Commercial		
2.	Automobile Physical Damage		
	Private Passenger		
	Commercial		
3.	Liability Other than Auto		
4.	Burglary and Theft		
5.	Glass		
6.	Fidelity		
7.	Surety		
8.	Boiler and Machinery		
9.	Fire		
10 .	Extended Coverage		
11.	Inland Marine		
12.	Homeowners		
13.	Commercial Multi-Peril		
14.	Crop Hail		
15.	Workers Compensation	1,754,463	2.5%
16 .	Other:		
Does fili	ng only apply to certain territory (territories) or certain class	sses? If so, specify.	Not Applicable
Brief des	scription of filing (if filing follows rates of an advisory orga	anization, specify organization).	
<u>W</u>	e are adopting the 4/1/2009 NCCI IL voluntary rates with a	an effective date of 7/1/09	7)
		LAW only for	clins
		,	,
	-force Written Premium		
** Cl	nange in Company's premium level which will result from	application of new rates.	
			and the DA
		American Casualty Con	
		Name of C	company
		Sean Ramlal - Ac	etuarial Analyst
		Official	
		Official	

(Change in Company's premium or rate	level produced by rate revision effective	05-01-2009
	(1)	(2) Annual Premium	(3) Percent
	Coverage	Volume (Illinois)*	<u>Change (+ or -)**</u>
1.	Automobile Liability Private Passenger	- WART	
2.	Commercial Automobile Physical Damage Private Passenger Commercial		
3.	Liability Other Than Auto		
<i>3</i> . 4.	Burglary and Theft		
5.	Glass		
6.	Fidelity		
7.	Surety		
8.	Boiler and Machinery		
9.	Fire		
10.	Extended Coverage		
11.	Inland Marine		
12.	Homeowners		
13.	Commercial Multi-Peril		
14.	Crop Hail		
15.	Other Workers Compensation Line of Insurance	\$4,868,262	+2.2
Does f	iling only apply to certain territory (ter	ritories) or certain classes? If so, specify:	
	description of filing. (If filing follows sting 4-1-09 NCCI law only filing effecting	rates of an advisory organization, specify of tive 5-1-09.	organization):

* Adjusted to reflect all prior rate changes.

** Change in Company's premium level which will result from application of new rates.



ILLINOIS DEPARTMENT OF INSURANCE SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective 06/01/2009

	(1) <u>Coverage</u>	(2) Annual Premium <u>Volume (Illinois)*</u>	(3) Percent <u>Change (+ or -)**</u>
1.	Automobile Liability Private		
	Passenger Commercial		
2.	Automobile Physical Damage		
	Private Passenger Commercial		
3.	Liability Other Than Auto		
4.	Burglary and Theft		
5.	Glass		
6.	Fidelity		
7.	Surety		
8.	Boiler and Machinery		
9.	Fire		
10.	Extended Coverage		
11.	Inland Marine		
12.	Homeowners		
13.	Commercial Multi-Peril		
14.	Crop Hail		
15.	Other Workers Compensation	3,879,597	2.3%
	Line of Insurance		
Brie		ates of an advisory organization, specify organization of the set	
		,	
	ljusted to reflect all prior rate changes. hange in Company's premium level wh	nich will result from application of new rates.	
		American Guarantee and Liabilit	v Insurance Company
			e of Company
	INSUF	ance	• •
		Denise Goode, Secretary	
		Of	ficial Title

JUH . 1 2.09

JUN 0 1 2009

hange in Company's premium or rate l	level produced by rate revision effec	tive July 1, 2009
	,	
(1)	(2)	(3)
(1)	Annual Premium	Percent
Coverage	Volume (Illinois)*	Change (+ or -)**
<u>Coverage</u>	voidine (minois)	Ondrige (O.)
1. Automobile Liability		
Private Passenger		
Commercial		
2. Automobile Physical Damage		
Private Passenger		
Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other Workers' Compensation	\$25,012,927	2.5%
Line of Insurance		
	" · · · · · · · · · · · · · · · · · · ·	
Does filing only apply to certain territors.	ory (territories) or ceπain classes? If	so, specify:
Brief description of filing. (If filing follows)	ows rates of an advisory organizatjo	n, specify organization):
Rate filing based on NCCI's approv	red advisory loss costs.	iw only Filing
		/ /
* Adjusted to reflect all prior rate ch		
Change in Company's premium is		
result from application of new rate	98.	
		American Home Assurance Compan
	-	Name of Company
		Walter Murphy
	_	Filings Analyst
		Official - Title
H20210D		

H29219D



hange in Company's premium or rate le	vel produced by rate revision effecti	ve July 1, 2009
. , ,	•	
(1)	(2)	(3)
(1)	(2) Annual Premium	Percent
Cavarana		Change (+ or -)**
<u>Coverage</u>	Volume (Illinois)*	Change (1 of -7
1. Automobile Liability		
Private Passenger		
Commercial		
2. Automobile Physical Damage		
Private Passenger		
Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
_		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		0.50
15. Other Workers' Compensation	\$12,391,590	2.5%
Line of Insurance		
No. Brief description of filing. (If filing follow Rate filing based on NCCI's approved.)	s rates of an advisory organization	
* Adjusted to reflect all prior rate cha ** Change in Company's premium lev result from application of new rates	el which will	
,,		American International South
		Insurance Company
		Name of Company
		Moltor Mirrorby
		Walter Murphy
		Filings Analyst
1100040D		Official - Title
H29219D		

JUL L LOUY

SPRINGFIELD, ILLINOIS

	(1)		(2) Annual Premium	(3) Percent
	Coverage	ge	Volume (Illinois)*	<u>Change (+ or -)**</u>
1.	Automobile Liab Private Passens			
	Commercial			
2.	Automobile Phy Private Passeng			
	Commercial			
3.	Liability Other T			
4.	Burglary and Th	eft		
5.	Glass			
6.	Fidelity			
7.	Surety			
8.	Boiler and Mach	inery		
9.	Fire			
10.	Extended Covers	age		
11.	Inland Marine			
12.	Homeowners			
13.	Commercial Mu	lti-Peril		
14.	Crop Hail			
15.		rs Compensation of Insurance	\$5,150,732	+2.2
Does f		• `	ritories) or certain classes? If so, specify:	
			rates of an advisory organization, specify	organization):
Adop	ting 4-1-09 NCCI	law only filing effec	ctive 5-1-09.	The state of the s

* Adjusted to reflect all prior rate changes.
** Change in Company's premium level which will result from application of new rates.

DIVISION OF INSURANCE STATE OF ILLINOIS/IDEPR	American States Insurance Company Name of Company
MAY 0 1 2009 Ex	B. Ummel
BPRINGFIELD, ILLINOIS	Eric B. Ummel Vice President, Commercial Lines Product Management
	Official - Title

ILLINOIS DEPARTMENT OF INSURANCE SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective 06/01/2009

	(1)	(2) Annual Premium	(3) Percent
	Coverage	Volume (Illinois)*	Change (+ or -)**
1.	Automobile Liability Private		
	Passenger Commercial		
2.	Automobile Physical Damage		
	Private Passenger Commercial		
3.	Liability Other Than Auto		
4.	Burglary and Theft		
5.	Glass		
6.	Fidelity		
7.	Surety		
8.	Boiler and Machinery		
9.	Fire		
	Extended Coverage		
	Inland Marine		
. — .	Homeowners		
	Commercial Multi-Peril		
	Crop Hail		0.50
15.	Other Workers Compensation	9,806,254	2.5%
	Line of Insurance		
Doe	es filing only apply to certain territory (territories) or certain classes? If so, specify:	
Brie	ef description of filing. (If filing follows i	rates of an advisory organization, specify organization	anization):
	otion of NCCI advisory loss costs and rating valu		
	justed to reflect all prior rate changes.		
^^C		hich will result from application of new rates.	
	SUMANCE LANGE PR	Associate Todah Inggaran O	
	PPR -	American Zurich Insurance Co	_ !
	market (file)	· Na	me of Company
	JUN 0 1 2009	Denise Goode, Secretary	
	JOIN OF FRANCE		Official Title
	1 - 1111015	8	
	SPAINGFIELD, ILLINOIS	- TOTEL -	
	- Little - L		

ILLINOIS DEPARTMENT OF INSURANCE SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective 06/01/2009

	(1)	(2) Annual Premium	(3) Percent
	<u>Coverage</u>	Volume (Illinois)*	<u>Change (+ or -)**</u>
1.	Automobile Liability Private		
	Passenger Commercial		
2.	Automobile Physical Damage Private Passenger Commercial		
3.	Liability Other Than Auto		
3. 4.	Burglary and Theft		
5.	Glass		
6.	Fidelity		
7.	Surety	***************************************	
8.	Boiler and Machinery		
9.	Fire		
10.	Extended Coverage		
	Inland Marine		
12.	Homeowners		
13.	Commercial Multi-Peril		
14.	Crop Hail		
15.	Other Workers Compensation	1,742,661	2.4%
	Line of Insurance		
Doe	es filing only apply to certain territory (territories) or certain classes? If so, specify:	
Brid	ef description of filing (If filing follows)	rates of an advisory organization,,specify orga	nization):
	ption of NCCI advisory loss costs and rating value		
Auc	biton of 14001 auxisory loss costs and rating vale	25 checker April 1, 2000	7 (4 / 10 g
	ljusted to reflect all prior rate changes hange in Company's premium level w	hich will result from application of new rates.	
		Assurance Company of America	
			ne of Company
		Denise Goode, Secretary	
			fficial – Title

OF INSULANDE OF ILLINOIS/IDFPR

JUN 0 1 2009

CONTROL OF THE PROPERTY OF THE

DIVISION OF INSURANCE STATE OF ILLINOIS/IDEPR FILED

JUN 0 1 2009

Form (RF-3)

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	Change in Company's premium or rate	level produced by rate revision effect	ive June 01, 2009
	(1)	(2) Annual Premium	(3) Percent
	Coverage	Volume (Illinois)*	<u>Change (+ or -)**</u>
1.	Automobile Liability		
	Private Passenger		
	Commercial		
2.	Automobile Physical Damage		
	Private Passenger		
•	Commercial		
3.	Liability Other Than Auto		
4.	Burglary and Theft		
5. 6.	Glass		
0. 7.	Fidelity Surety		
7. 8.	Boiler and Machinery		
9.	Fire		
10.	Extended Coverage		
11.	Inland Marine	HAMPINE TO THE PROPERTY OF THE	
12.	Homeowners		- 11, 12, 10, 11, 11, 11, 11, 11, 11, 11, 11, 11
3.	Commercial Multi-Peril		
4.	Crop Hail		
15.	Other Workers Compensation	3,609,526	+2.5%
	Line of Insurance		
oes f No	iling only apply to certain territory (ter	ritories) or certain classes? If so, spec	sify:
	description of filing. (If filing follows ption of NCCI State Filing Circular IL		
C	djusted to reflect all prior rate changes hange in Company's premium level wh sult from application of new rates.		
			2.11.1
		<u></u>	apitol Indemnity Corporation
			Name of Company
			ois Beld, Senior Rate
		_ <u>A</u> :	nalysis
			Official - Title

ILLINOIS SUMMARY SHEET

FORM RF-3

Change in Company's premium or rate level produced by rate revision e		ision effective July 1		July 1, 2009
	(1)	(2) Annual Premium		(3) Percent
	Coverage	Volume (Illinois)*		Change (+ or -)**
1.	Automobile Liability			
	Private Passenger			
	Commercial		-	
2.	Automobile Physical Damage		-	
	Private Passenger		_	
	Commercial		-	
3.	Liability Other Than Auto		•	
4.	Burglary and Theft		•	
5.	Glass		•	
6.	Fidelity		-	
7.	Surety		-	
8.	Boiler and Machinery		-	
9.	Fire		-	
10.	Extended Coverage		•	
11.	Inland Marine		-	
12.	Homeowners		•	
13.	Commercial Multi-Peril	****	-	
14.	Crop Hail		•	
15.	Workers Compensation	11,058,446	•	2.5%
16.	Other	,000,1.10	•	
10.	Line of Insurance		•	· · · · · · · · · · · · · · · · · · ·
	Line of insurance			
Does	filing only apply to certain territory (territories) or certain classe	es? If so, specify	No.	
		ation annuity approximation)	Adoption of	NCCI approved
Brief (description of filing (if filing follows rates of an advisory organiz			
vvori	kers Compensation loss costs and rating values pe	r NCCI Circulai IL-2009-0		-//
curre	ent approved loss cost multipliers and rating values	La u	- only	Filing
*	Adjusted to reflect all prior rate changes			
**	•	application of now rates		
	Changes in Company's premium level which will result from a	application of new rates.		
		Charter Oak	Fire Insurar	ce Company
		Name	of Company	
		Buy Heffer		2nd Vice President
		0/0	aial Tiu-	ZITU VICE FTESIUEITI
	DIVISION OF INCLUDA	Offi	cial - Title	
	STATE OF ILLINOIS/IDEAD	ľ		
	DIVISION OF INSURANCE STATE OF ILLINOIS/IDFPR			
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	SPRINGFIELD, ILLINOIS	1		

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DIVISION OF INSURANCE
SPRINGFIELD

Change in Company's premium or rate level produced by rate revision effective

	(1) <u>Coverage</u>	(2) Annual Premium <u>Volume (Illinois)*</u>	(3) Percent Change (+ or -)**
11.	Automobile Liability Private Passenger Commercial Automobile Physical Damage Private Passenger Commercial Liability Other Than Auto Burglary and Theft Glass Fidelity Surety Boiler and Machinery Fire Extended Coverage Inland Marine		
13.	Homeowners Commercial Multi-Peril		
	Crop Hail Other Workers' Compensation Line of Insurance	9,492,232	1.9%
	es filing only apply to certain territory (te lies to all territories and classes.	erritories) or certain classes? If so, specify:	
	ef description of filing. (If filing follows raption of the 4/1/09 loss costs published by NCCI	ates of an advisory organization, specify organi: (NCCI Approval Circular # IL - 2009 - 03)	zation):
	ljusted to reflect all prior rate changes. hange in Company's premium level wh	ich will result from application of new rates.	
		Chubb Indemnity Insurance Con	
		Assistant Vice President	e of Company Huffeld Aug. Glicial Tiple



ILLINOIS DEPARTMENT OF INSURANCE SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective 7/1/2009

	(1)	(2)	(3) Percent
	<u>Coverage</u>	Annual Premium Volume (Illinois)*	Change (+ or -)**
1.	Automobile Liability Private		
	Passenger Commercial		
2.	Automobile Physical Damage Private Passenger Commercial		
3.	Liability Other Than Auto		
4.	Burglary and Theft		
5.	Glass		
6.	Fidelity		
7.	Surety		
8.	Boiler and Machinery		
9.	Fire		
10.	Extended Coverage		
11.	Inland Marine		
	Homeowners		
13.	Commercial Multi-Peril		
14.	Crop Hail		
15.	Other Workers Compensation	55,761	2.4%
	Line of Insurance		
Doe	es filing only apply to certain territory ((territories) or certain classes? If so, specify:	No
		rates of an advisory organization, specify org	anization):
		Circular IL-2009-01 and Approval Circular IL-2009-03	
Ine	Rate effect is an Estimated Effect		
	ljusted to reflect all prior rate changes hange in Company's premium level w	hich will result from application of new rates.	
		Chrysler Insurance Company	
			me of Company
		Michelle Freitag, Consulting Act	uary
			Official – Title

DIVISION OF INSUFIANCE STATE OF ILLINOIS/IDEPR

JUL 0 1 2009

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MAY - 5 2009

MAT - 5 2009

SUMMARY SHEET

IDFPR (MPC)

DIVISION OF INSURANCE

SPRINGFIELD

Form (RF-3)

		THE STATE OF THE S
Change in Company's premium revision effective 07/15/0		by rate
		(3)
(1)	(2)	
_	Annual Premium	Percent
Coverage	Volume (Illinois)*	Change (+ or -) **
1. Automobile Liability		
Private Passenger		
Commercial		
2. Automobile Physical Damage		
Private Passenger		
Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
-		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other Workers Compensation	\$1,183,113	4.96%
Line of Insurance		
Does filing only apply to certain	territory (territories)o	r certain classes?
If so, specify: No.		
Brief description of filing. (If	filing follows rates of	an advisory
organization, specify organization		
Adopting NCCI Law Only filing four	nd in NCCI Circular IL-20	009-03.
,		
		IVISION CF INSUFANCE
* Adjusted to reflect all prior r		STATE OF ILL NOIS/IDFPR
** Change in Company's premium lev		E 3 IT IS ID
result from application of new	rates.	0000 1 1 111
		2009 لَا يَالِوْلُو
	,	
		CODINGEIEID II LINDIS
	Citizens Insurance Compa	
	Name of C omp a	any

Michele L. Holm - Pricing Consultant
Official - Title

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MAY - 5 2009

IDFPR (MPC)
DIVISION OF INSURANCE
SPRINGFIELD

Form (RF-3)

3)

SUMMARY SHEET

Change in Company's	premium	or	rate	level	produced	by	rate
revision effective	07/15/09					•	

(1)	(2)	(3)
	Annual Premium	Percent Change (+ or -)**
Coverage	<pre>Volume (Illinois)*</pre>	change (+ OI -)
1. Automobile Liability		
Private Passenger		
Commercial		
2. Automobile Physical Damage		
Private Passenger		
Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail	0. (50. 1.11	C 0.1%
15. Other Workers Compensation	\$4,659,141	6.04%
Line of Insurance		
If so, specify: No.		
Brief description of filing. (If organization)		an advisory
Adopting NCCI Law Only Filing fou	nd in NCCI Circular IL-2	009-03.
	7	
	(.	STATE OF ILI NOIS/IDEPR
		TO STORE OF THE ST
* Adjusted to reflect all prior		
** Change in Company's premium le	vel which will	JUL 1 5 2009
result from application of new	races.	
	1 (
	1	MNGFIELD, ILLINOIS
	n	
-	Citizens Insurance Comp	any of Illinois
	Citizens Insurance Comp Name of Comp	
	Name of Comp	pany
	Name of Comp Michele L. Holm - Pric	ing Consultant
	Name of Comp	ing Consultant

ILLINOIS DEPARTMENT OF INSURANCE SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective 06/01/2009

(1)		(2) Annual Premium	(3) Percent
	<u>Coverage</u>	Volume (Illinois)*	<u>Change (+ or -)**</u>
1.	Automobile Liability Private Passenger Commercial		
2.	Automobile Physical Damage Private Passenger Commercial		
3.	Liability Other Than Auto		
4.	Burglary and Theft		
5.	Glass		
6.	Fidelity		
7.	Surety		
8.	Boiler and Machinery		
9.	Fire		
	Extended Coverage		the state of the s
	Inland Marine		
	Homeowners		
	Commercial Multi-Peril		
	Crop Hail		
15.	Other Workers Compensation	132,765	0.8%
	Line of Insurance		
Doe	es filing only apply to certain territory (erritories) or certain classes? If so, specify:	
	ef description of filing. (If filing follows roption of NCCI advisory loss costs and rating value	ates of an advisory organization, specify orga	nization):
	ljusted to reflect all prior rate changes. hange in Company's premium level wl	nich will result from application of new rates.	
		Colonial American Casualty and	Suraty Company
			ne of Company
		Denise Goode, Secretary	
		0	fficial – Title



hange in Company's premium or rate	July 1, 2009	
O h - A - E	•	
(1)	(2)	(3)
(1)	Annual Premium	Percent
Coverage	Volume (Illinois)*	Change (+ or -)**
<u>Coverage</u>	voidine (minois)	Onlings (* Or)
Automobile Liability		
Private Passenger		
Commercial		
2. Automobile Physical Damage		
Private Passenger		
Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		The second secon
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other Workers' Compensation	\$41,272,436	2.5%
Line of Insurance		
No.	ory (territories) or certain classes? If so lows rates of an advisory organization, so wed advisory loss costs.	
 * Adjusted to reflect all prior rate c ** Change in Company's premium result from application of new rate 	level which will	
result from application of new rai	.co.	Commerce and Industry
		Insurance Company
		Name of Company
		Walter Murphy
		Filings Analyst
		Official - Title
1120210D		Omorai - Tille
H29219D		DIVISION OF THE PHYSICAL PHYSI
		4 1/1/114

ILLINOIS SUMMARY SHEET

FORM RF-3

		•	,
Change in	n Company's premium or rate level produced by rate revision	on effective:	July 1, 2009
	(1) Coverage	(2) Annual Premium Volume (Illinois) *	(3) Percent Change (+ or -) **
1. 2. 3. 4. 5. 6. 7. 8. 9. 10. 11. 12. 13.	Automobile Liability Private Passenger Commercial Automobile Physical Damage Private Passenger Commercial Liability Other than Auto Burglary and Theft DIVISION OF INSURANCE Glass Fidelity Surety Boiler and Machinery Fire Extended Coverage Inland Marine Homeowners Commercial Multi-Peril Crop Hail		
15 . 16 .	Workers Compensation Other:	4,161,501	2.5%
Brief des	ng only apply to certain territory (territories) or certain class cription of filing (if filing follows rates of an advisory orgate are adopting the 4/1/2009 NCCI IL voluntary rates with a	nization, specify organization	Not Applicable n). LAW Only Filing
	-force Written Premium nange in Company's premium level which will result from a	pplication of new rates.	
			l Casualty Company e of Company
	·	Sean Ramla	al - Actuarial Analyst

effective 5/1/2009

Section 754.EXHIBIT A Summary Sheet (Form RF-3)

*Adjusted to reflect all prior rate changes.

rates.

FORM (RF-3)

SUMMARY SHEET

Change in Company's premium or rate level produced by late revisivaFIELD, ILLINOIS



MAY 0 1 2009

(1) (2) (3)**Annual Premium** Percent Volume (Illinois) * Change (+or-) ** Coverage Automobile Liability Private 1. Passenger Commercial 2 Automobile Physical Damag Private Passenger Commercial 3. Liability Other Than Auto 4. **Burglary and Theft** 5. Glass 6. Fidelity 7. Surety 8. **Boiler and Machinery** 9. Fire 10. Extended Coverage 11. Inland Marine 12. Homeowners 13. Commercial Multi-Peril 14. Crop Hail 15. Other Workers Compensation 2.5% Life of Insurance Does filing only apply to certain territory (territories) or certain Classes? If so, specify: No Brief description of filing. (If filing follows rates of an advisory Organization, specify organization): Adopt NCCI Rates and Rating Values effective 4/1/2009. Reference Circular IL-2009-08

**Change in Company's premium level which will result from application of new

Name of Company Christine Johnson, Compliance Coordinator

Official - Title

Dakota Truck Underwriters

ILLINOIS DEPARTMENT OF INSURANCE

SUMMARY SHEET

Change in Company's premium or rate le	vel produced by rate revision effective	7/1/2009
(1) <u>Coverage</u>	(2) Annual Premium <u>Volume (Illinois)*</u>	(3) Percent Change (+ or -)**
Automobile Liability Private		·
Passenger Commercial		
Automobile Physical Damage Private Passenger Commercial _		
Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire _		
10. Extended Coverage		
11. Inland Marine	•	
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other Workers Compensation	14,217,715	-2.6%
Line of Insurance	territories) or certain classes? If so, specify	
Brief description of filing. (If filing follows 4/1/2009 loss costs and rating values with *Adjusted to reflect all prior rate changes.		y organization): <u>Filing to adopt NCC</u> 2009.
**Change in Company's premium level w	nich will result from application of new rates	3.
		surance Company of Wausau
		Name of Company
	Bonnie Roeder	State Filings Analyst Official – Title
	DIVISION OF INSURANCE STATE OF ILLINOIS/IDFPR	'
	SPRINGE -	IDFPR (MPC) DIVISION OF INSURANCE SPRINGFIELD

SPRINGFIELD, ILLINOIS

	(1)	-	(2)	(3)
	` ,		Annual Premium	Percent
	Coverage	_	Volume (Illinois) *	Change (+ or -) *
	Automobile	Liability		
	Private P	assenger		
	Commerc	ial		
	Automobile	Physical Damage		
	Private P			
	Commerc			
	Liability Of	ther Than Auto		
	Burglary a			
	Glass			
	Fidelity			
	Surety			
		Machinery		
	Fire			
	Extended	Coverage		
	Inland Mai			
	Homeowne			
		al Multi-Peril		
	Crop Hail			
	Other	Workers Compensation	\$2,692,976	2.5%
	O a lor	Line of Insurance	<u> </u>	
Do	es filing onl	y apply to certain territory (territ	tories) or certain	
	sses? If so		,	
		n of filing. (If filing follows rate		
org	ganization, s		adoping the NCCI approval 4/1/200	9 voluntary loss costs, for
		and ren	ewal policies. / Au. o	only Folix
				/ /

Adjusted to reflect all prior rate changes.

Change in Company's premium level which will result from application of new rates.

DIVISION OF INSURANCE STATE OF ILL NOIS/IDEPR

JUN 0 1 2009

SPRINGFIELD, ILLINOIS

Farmers Insurance Exchange Name of Company

James J. Gebhard, FCAS, MAAA

Actuary, Workers Compensation
Official - Title

ILLINOIS SUMMARY SHEET

FORM RF-3

Chan	nge in Company's premium or rate level produced by rate rev	July 1, 2009	
	(1)	(2) Annual Premium	(3) Percent
	Coverage	Volume (Illinois)*	Change (+ or -)**
1.	Automobile Liability		
٠.	Private Passenger		
	Commercial		
2.	Automobile Physical Damage		
۷.	Private Passenger		
	Commercial		
3.	Liability Other Than Auto		
4.	Burglary and Theft		· · · · · · · · · · · · · · · · · · ·
- . 5.	Glass		
6.	Fidelity		
7.	Surety		
8.	Boiler and Machinery		
9.	Fire		
10.	Extended Coverage		
11.	Inland Marine		
12.	Homeowners		
13.	Commercial Multi-Peril		
14.	Crop Hail		
15.	Workers Compensation	6,322,568	2.5%
16.	Other		
10.	Line of Insurance		
	Line of insurance		·
Does	filing only apply to certain territory (territories) or certain class	sses? If so, specify	No.
5000			
n · .	description of filing (if filing follows rates of an advisory organ	nization enecify organization)	Adoption of NCCI approved
Brief (kers Compensation loss costs and rating values		
VVOI	ent approved loss cost multipliers and rating value	06	LAW ONLY Filin
curre	ent approved loss cost multipliers and rating valu		LICO ON & THIN
·			
*	Adjusted to reflect all prior rate changes		
**	Changes in Company's premium level which will result from	m application of new rates.	
	DIVISION OF INSURANCE STATE OF ILLINOIS/IDEPR	Farmingto	on Casualty Company
	FILED		of Company
	_	Name	or Company
	JUL 0 1 2009	Aring Hell	مع
	302 - 2 -	, , , , , ,	2nd Vice President
•		Offic	cial - Title
	SPRINGFIELD, ILLINOIS		
	_	Law.	
	WC	C-IL-7	Printing 08/95

ILLINOIS DEPARTMENT OF INSURANCE **SUMMARY SHEET**

MAY 1 2 2009

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IDFPR (MPC)
DIVISION OF INSURANCE
SPRINGFIELD

Change in Company's premium or rate level produced by rate revision effective

06/01/2009 (3) (1) (2) **Annual Premium** Percent Volume (Illinois)* Change (+ or -)** Coverage Automobile Liability Private Passenger Commercial Automobile Physical Damage Private Passenger Commercial 3. Liability Other Than Auto 4. Burglary and Theft 5. Glass 6. Fidelity 7. Surety 8. Boiler and Machinery 9. Fire 10. Extended Coverage 11. Inland Marine 12. Homeowners 13. Commercial Multi-Peril 14. Crop Hail 2.3% 34,245,449 15. Other Workers' Compensation Line of Insurance Does filing only apply to certain territory (territories) or certain classes? If so, specify: Applies to all territories and classes. Brief description of filing. (If filing follows rates of an advisory organization, specify organization): Adoption of the 4/1/09 loss costs published by NCCI (NCCI Approval Circular # IL - 2009 - 03) *Adjusted to reflect all prior rate changes. **Change in Company's premium level which will result from application of new rates. Federal Insurance Company Name of Company

Assistant Vice President

DIVISION OF INSURANCE STATE OF ILLINOIS/IDEPR

JUN 0 1 2009

SPRINGFIELD, ILLINOIS

Change in Company's premium or rate level produced by rate

revision effective August 1, 2009

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APR 2 7 2009

IDFPR (MPC) DIVISION OF INSURANCE SPRINGFIELD

	(1)	(2) Annual Premium <u>Volume (Illinois) *</u>	(3) Percent Change (+ or -) **
	<u>Coverage</u>	volume (illinois)	Change (1 or -)
1.	Automobile Liability Private Passenger		
2.	Commercial Automobile Physical Damage Private Passenger		
	Commercial		
3.	Liability Other Than Auto		
4.	Burglary and Theft		
5.	Glass		
6.	Fidelity		
7.	Surety		
8.	Boiler and Machinery		
9.	Fire		
0.	Extended Coverage		
1.	Inland Marine		
2.	Homeowners		
3.	Commercial Multi-Peril		
14.	Crop Hail		
15.	Other Workers' Compensation Line of Insurance	14,222,201	+ 2.5%
_N 	es filing only apply to certain territory (ter lo ef description of filing. (If filing follows ra iling for Law-Amend	tes of an advisory organization	
		1	FILED
** (Adjusted to reflect all prior rate change in Company's premium level whwill result from application of new rates.	ich F Nar	SPEINGFIELD, ILLINOIS Federated Mutual-Ins-Co me of Company AS, MAAA – Assoc. Actuary
			Official – Title

Change in Company's premium or rate level produced by rate

revision effective August 1, 2009

	(1)	(2) Annual Premium	(3) Percent
	<u>Coverage</u>	Volume (Illinois) *	Change (+ or -) **
1.	Automobile Liability Private Passenger		
2.	Commercial Automobile Physical Damage Private Passenger	·	
	Commercial		
3.	Liability Other Than Auto		
4.	Burglary and Theft		
5.	Glass		
6.	Fidelity		
7.	Surety		
8.	Boiler and Machinery		
9.	Fire		
10.	Extended Coverage		
11.	Inland Marine		
12.	Homeowners		
13.	Commercial Multi-Peril		
14.	Crop Hail		
15.	Other Workers' Compensation Line of Insurance	465,968	+ 2.5%
Doe _N	es filing only apply to certain territory (ter	ritories) or certain classes? If so	o, specify:
	ef description of filing. (If filing follows ra	DIVISION	specify organization): OF INSURANCE FILLINOIS/IDEPR
		1 711	G 0 1 2009
** C	Adjusted to reflect all prior rate change thange in Company's premium level whi	ges.	FIELD, ILLINOIS
٧	vill result from application of new rates.	Fe	derated Service Ins. Co.
		Name	e of Company
		Grea Banas ACAS	S MAAA – Assoc Actuary

Official - Title

ILLINOIS DEPARTMENT OF INSURANCE SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective 06/01/2009

	(1)	(2) Annual Premium	(3) Percent
	<u>Coverage</u>	Volume (Illinois)*	Change (+ or -)**
1.	Automobile Liability Private Passenger Commercial		
2.	Automobile Physical Damage		
	Private Passenger Commercial		
3.	Liability Other Than Auto		
4.	Burglary and Theft		
5.	Glass		
6.	Fidelity		
7.	Surety		
8.	Boiler and Machinery		
9.	Fire		
	Extended Coverage		
	Inland Marine		
	Homeowners		
	Commercial Multi-Peril		
	Crop Hail	777,682	0.8%
15.	Other Workers Compensation Line of Insurance	177,082	U.878
	Line of insurance		
Doe	es filing only apply to certain territory (t	erritories) or certain classes? If so, specify:	
	to iming only apply to contain territory (,	
Brie	ef description of filing. (If filing follows r	ates of an advisory organization, specify orga	nization):
Ado	ption of NCCI advisory loss costs and rating valu	es effective April 1, 2009 FAW only F	Filing
		//	
	ljusted to reflect all prior rate changes.		
**C	nange in Company's premium level wi	nich will result from application of new rates.	
		Eldelite and Dane W.O.	E b d a m al a m al
		Fidelity and Deposit Company of	
		Nan	ne of Company
		Denise Goode, Secretary	
			fficial – Title



JUN 0 1 2009

F 540 UNIFORM

C.A.MIGFIELD, ILLINOIS

ILLINOIS DEPARTMENT OF INSURANCE

SUMMARY SHEET

Change in Company's premium or rate le	vel produced by rate revision effective	7/1/2009
(1)	(2) Annual Premium	(3) Percent
<u>Coverage</u>	Volume (Illinois)*	Change (+ or -)**
Automobile Liability Private Passenger Commercial	DIVISION OF STATE OF IL	INSURANCE LINGIS/IDEPR ED
Automobile Physical Damage Private Passenger Commercial _		1 2009
 Liability Other Than Auto Burglary and Theft 		
4. Burglary and Theft5. Glass	NGEI	ELD, ILLINOIS
6. Fidelity	SPHING	
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other Workers Compensation	5,650,702	+0.6%
Line of Insurance	•	
Does filing only apply to certain territory (territories) or certain classes? If so, spec	ify:
Brief description of filing. (If filing follows 4/1/2009 loss costs and rating values with	s rates of an advisory organization, spen revised loss cost multipliers effective 7/	cify organization): Filing to adopt NCCI 1/2009.
*Adjusted to reflect all prior rate changes. **Change in Company's premium level where the company level		toe
Change in Company's premium level wi	non will result from application of flew ra-	ucs.
•	The First	Liberty Insurance Corporation
		Name of Company
	Bonnie Roeder	State Filings Analyst Official – Title
,	•	Cindul Huo

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MAY - 4 2009

IDFPR (MPC)
DIVISION OF INSUPANCE

	Change in Company's premium or rate	level produced by rate revision effe	ective _05-01-2009
	(1)	(2) Annual Premium	(3) Percent
	Coverage	Volume (Illinois)*	<u>Change (+ or -)**</u>
1.	Automobile Liability Private Passenger		
	Commercial		
2.	Automobile Physical Damage Private Passenger Commercial		
3.	Liability Other Than Auto		· · · · · · · · · · · · · · · · · · ·
3. 4.	Burglary and Theft		
5.	Glass		
5. 6.	Fidelity		
7.	Surety		
7. 8.	Boiler and Machinery		
9.	Fire		
9. 10.	Extended Coverage		
10.	Inland Marine		
12.	Homeowners		
13.	Commercial Multi-Peril		
14.	Crop Hail		
15.	Other Workers Compensation	\$3,800,065	+2.4
10.	Line of Insurance	Ψ3,000,003	2.1
No Brief	description of filing. (If filing follows		pecify organization):
	oting 4-1-09 NCCI law only filing effection		, ,
	djusted to reflect all prior rate changes		
** C	hange in Company's premium level wh	ich will	
re	sult from application of new rates. DIVISION OF INSUITABLE OF LINE OF STATE OF STA	SANCE	
	DIVISION OF INSUI	PAPA	
	DIVISITE OF LUCE	• · · · · · · · · · · · · · · · · · · ·	
	t,	*	First Nistianal Language
	MAY U12	tool to	First National Insurance Company of America
	MAY 6 2	<u> </u>	Name of Company
		l sinia	realite of Company
	- NGELELD.	ILLINUIS B. Um.	C
	SPRINGFIELD.	Comment of the second	×
			Fric R Hmmel
			Eric B. Ummel Vice President Commercial Lines
			Eric B. Ummel Vice President, Commercial Lines Product Management

ILLINOIS DEPARTMENT OF INSURANCE SUMMARY SHEET

Change in Company's premium or rate le	evel produced by rate revision effective	06/01/09
(1) <u>Coverage</u>	(2) Annual Premium <u>Volume (Illinois)*</u>	(3) Percent <u>Change (+ or -)**</u>
 Automobile Liability Private Passenger Commercial Automobile Physical Damage Private Passenger Commercial Liability Other Than Auto Burglary and Theft Glass Fidelity Surety Boiler and Machinery Fire Extended Coverage Inland Marine 		
 12. Homeowners 13. Commercial Multi-Peril 14. Crop Hail 15. Other Workers' Compensation Line of Insurance 	\$ <u>10,397,029</u>	2.91%
Yes, the 1.05 deviation applies to classes Brief description of filing. (If filing follows Advisory Workers' Compensation Rates 1.05 to the class codes indicated below: 0042 5057 5221 5473 6017 6235 7 0050 5059 5222 5474 5539 6018 6236 7 1322 5069 5223 5478 5551 6045 6237 7 3365 5102 5348 5479 5606 6204 6251 7 3719 5146 5402 5480 5610 6206 6252 7 3724 5160 5403 5491 5645 6213 6260 7 3726 5183 5437 5506 5651 6214 6306 8 5020 5188 5443 5507 5703 6216 6319 9 5022 5190 5445 5508 5705 6217 6325 9 5037 5213 5462 5535 6003 6229 6400 5040 5215 5472 5537 6005 6233 7538	rates of an advisory organization, specify filed by the NCCI to be effective June 1, 20 7601 7605 7611 7612 7613 7855 7613 7855 7613 7855 7613 7855 7613 7855 7613 7855 7613 7855 7613 7855 7613 7855 7613 7855 7613 7855 7613 7855 7613 7855 7613 7855 7613 7855 7613 7855 7613 7855 7613 7855 7613 7613 7613 7613 7613 7613 7613 7613	organization): Adopt the April 1, 2009 We wish to retain our deviation of
*Adjusted to reflect all prior rate changes **Change in Company's premium level w RECE APR 1 3	General Ca 2009 Kendra Benninger —	s. Sualty Insurance Company Name of Company C/L Operations System Technician Official – Title

ILLINOIS DEPARTMENT OF INSURANCE SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective		6/1/09	
(1) <u>Coverage</u>	(2) Annual Premium <u>Volume (Illinois)*</u>	(3) Percent <u>Change (+ or -)**</u>	
Automobile Liability Private			
Passenger Commercial 2. Automobile Physical Damage	- Martin		
Drivete Descenden Commencial			
3. Liability Other Than Auto			
4. Burglary and Theft			
5. Glass			
6. Fidelity			
7. Surety			
Boiler and Machinery			
9. Fire			
10. Extended Coverage			
11. Inland Marine			
12. Homeowners			
13. Commercial Multi-Peril			
14. Crop Hail	7.400.000	0.500/	
15. Other Workers' Compensation Line of Insurance	7,469,622	2.59%	
Does filing only apply to certain territory (termostric description of filing. (If filing follows rad/1/09 rates.	ates of an advisory organization, specif	y organization): Adoption of the NCCI	
	,		
*Adjusted to reflect all prior rate changes. **Change in Company's premium level whic	General Cas	sualty Company of Wisconsin Name of Company	
	<u>kendra Benninger</u>	· C/L Operations System Technician	

STATE OF ILLINOIS/IDEPR

JUN 0 1 2009

SPRINGFIELD, ILLINOIS

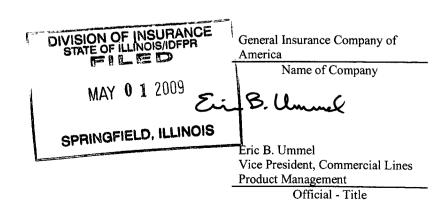


Official - Title

	Change in Company's premium or ra	te level produced by rate revision effective	05-01-2009
	(1)	(2)	(3)
	Coverage	Annual Premium Volume (Illinois)*	Percent Change (+ or -)**
1.	Automobile Liability		
	Private Passenger		
	Commercial		
2.	Automobile Physical Damage		
	Private Passenger		
_	Commercial		
3.	Liability Other Than Auto		
4.	Burglary and Theft		
5.	Glass		
6.	Fidelity		
7.	Surety		
8.	Boiler and Machinery		
9.	Fire		
10.	Extended Coverage		· · · · · · · · · · · · · · · · · · ·
11.	Inland Marine		
12.	Homeowners		
13.	Commercial Multi-Peril		
14.	Crop Hail		
15.	Other Workers Compensation	\$1,780,314	+2.2
	Line of Insurance		
_	(C)		
		territories) or certain classes? If so, specify:	
No			
ъ.	C. 1		
Brie	t description of filing. (If filing follow	vs rates of an advisory organization, specify of	
Ad	opting 4-1-09 NCCI law only filing ef	tective 5-1-09.	
	· · · · · · · ·		

* Adjusted to reflect all prior rate changes.

** Change in Company's premium level which will result from application of new rates.



hange in Company's premium or rate level produced by rate revision effective		July 1, 2009	
(1)	(2)	(3)	
, ,	Annual Premium	Percent	
<u>Coverage</u>	Volume (Illinois)*	Change (+ or -)**	
Automobile Liability			
Private Passenger			
Commercial			
2. Automobile Physical Damage			
Private Passenger			
Commercial			
B. Liability Other Than Auto	· · · · · · · · · · · · · · · · · · ·	- · · · · · · · · · · · · · · · · · · ·	
I. Burglary and Theft			
5. Glass			
			
i. Fidelity			
7. Surety			
Boiler and Machinery			
. Fire			
Extended Coverage			
1. Inland Marine			
2. Homeowners			
3. Commercial Multi-Peril			
4. Crop Hail			
5. Other Workers' Compensation	\$844,466	2.5%	
Line of Insurance			
ooes filing only apply to certain territory	(territories) or certain classes? If so	, specify:	
	•		
		pecify organization):	
Rate filing based on NCCI's approved	advisory loss costs.		
Rate filing based on NCCI's approved Adjusted to reflect all prior rate chan	ges.		
Adjusted to reflect all prior rate chan * Change in Company's premium leve	ges.		
Adjusted to reflect all prior rate chan	ges.		
Adjusted to reflect all prior rate chan * Change in Company's premium leve	ges.		
Adjusted to reflect all prior rate chan * Change in Company's premium leve	ges.		
Adjusted to reflect all prior rate chan * Change in Company's premium leve	ges.	In only Filing	
Adjusted to reflect all prior rate chan Change in Company's premium leve	ges.	Granite State Insurance Company	
** Change in Company's premium leve	ges.	Granite State Insurance Company Name of Company	
Adjusted to reflect all prior rate chan * Change in Company's premium leve	ges.	Granite State Insurance Company Name of Company Walter Murphy	

DIVISION OF INSUFANCE STATE OF ILL MOIS/JOFPR

JUL 0 1 2009

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DIVISION OF INSUFANCE

Form (RF-3)

SUMMARY SHEET

Change in Company's premium revision effective 07/01/2		by rate
(1) Coverage	(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ or -)**
1. Automobile Liability Private Passenger Commercial 2. Automobile Physical Damage Private Passenger Commercial 3. Liability Other Than Auto 4. Burglary and Theft 5. Glass 6. Fidelity 7. Surety 8. Boiler and Machinery 9. Fire	vorume (IIIIIIors)	Change (+ CL /
10. Extended Coverage 11. Inland Marine 12. Homeowners 13. Commercial Multi-Peril		
14. Crop Hail 15. Other Workers Compensation Line of Insurance Does filing only apply to certain	354,970 territory (territories)or	+6.1%
If so, specify: Brief description of filing. (If organization, specify organization	n): Adoption of 1/1/09 a	an advisory nd 4/1/09 NCCI rates (ISION OF INSURANCE TATE OF ILLINOIS/IDFPR
* Adjusted to reflect all prior r ** Change in Company's premium lev result from application of new	vel which will	JUL 0 1 2009 Ringfield, Illinois
	Graphic Arts Mutual Insu Name of Compa	
	George T. Dodd, Vice Pres Official - Ti	

ILLINOIS DEPARTMENT OF INSURANCE SUMMARY SHEET

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MAY 1 2 2009

IDFPR (MPC) Division of insurance Springfield

06/01/2009 Change in Company's premium or rate level produced by rate revision effective (3) (2) (1)**Annual Premium** Percent Volume (Illinois)* Change (+ or -)** Coverage Automobile Liability Private Passenger Commercial Automobile Physical Damage Private Passenger Commercial 3. Liability Other Than Auto **Burglary and Theft** 4. 5. Glass 6. Fidelity 7. Surety 8. Boiler and Machinery 9. Fire 10. Extended Coverage 11. Inland Marine 12. Homeowners 13. Commercial Multi-Peril 14. Crop Hail 1.8% 1,056,600 15. Other Workers' Compensation Line of Insurance Does filing only apply to certain territory (territories) or certain classes? If so, specify: Applies to all territories and classes. Brief description of filing. (If filing follows rates of an advisory organization, specify organization): Adoption of the 4/1/09 loss costs published by NCCI (NCCI Approval Circular # IL - 2009 - 03) *Adjusted to reflect all prior rate changes. **Change in Company's premium level which will result from application of new rates.

Great Northern Insurance Company

Name of Company

Assistant Vice President

DIVISION OF INSURANCE STATE OF ILLINOIS/IDFPR FILED

JUN 0 1 2009

SPRINGFIELD, ILLINOIS

Form (RF-3)

Change in Company's premium or rate level produced by rate revision effective $\frac{07}{15}$

(1)	(2)	(3)
	Annual Premium	Percent
Coverage	<pre>Volume (Illinois) *</pre>	Change (+ or -)**
1. Automobile Liability		
Private Passenger		
Commercial		
2. Automobile Physical Damage		
Private Passenger		
Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail	\$1,220,455	4.66%
15. Other Workers Compensation	\$1,220,433	
Line of Insurance		
If so, specify: No. Brief description of filing. (If	filing follows rates of	of an advisory
organization, specify organization		
Adopting NCCI Law Only filing four	nd in NCCI Circular IL-	-2009-03.
		DIVISION OF INSURANCE
		CTATE OF ILL MOIS/IDEPR
* Adjusted to reflect all prior		5 FID
** Change in Company's premium lev		11 1 5 COO
result from application of new	rates.	JUL 1 5 2009
	jr	ಆPRINGFIELD, ILLINOIS
	Hanover Insur an	
	Name of Co	mpany
	Michele L. Holm - Pri	
	Official -	Title
120010D		

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ou IDEPR (MPG)

Form (RF-3)

SUMMARY SHEE

	Change in Company's premium or rate	level produced by rate revision effective	6-1-09
	STATE C	F ILLINOIS/IDFPR	
	(1)	LED (2)	(3)
	4	Annual Premium	Percent
	<u>Coverage</u> JU	1 0 1 20019 me (Illingis)*	<u>Change (+ or -)**</u>
1.	Automobile Liability Private Passenger Commercial	FIELD, ILLINOIS	
2.	Automobile Physical Damage Private Passenger Commercial		
3.	Liability Other Than Auto		
4.	Burglary and Theft		
5.	Glass		
6.	Fidelity		
7.	Surety		
8.	Boiler and Machinery		
9.	Fire		
10.	Extended Coverage		
11.	Inland Marine		
12.	Homeowners		
13.	Commercial Multi-Peril		
14.	Crop Hail		
15.	Other Workers Compensation	118,853	+5.4
	Line of Insurance		
Does	filing only apply to certain territory (ter	ritories) or certain classes? If so, specify:	
We s Loss In ad Terro	submit for your review and approval a +5.4% Costs, and Rating Values with the rule of all dition, with the adoption of this circular that	rates of an advisory organization, specify of overall rate increase. We are adopting NCCI's oplication below. I includes the terrorism revisions, we are remove thouse and Catastrophic Industrial Accidents (s January 1, 2009 Advisory Rates,

* Adjusted to reflect all prior rate changes.

** Change in Company's premium level which will result from application of new rates.

Harleysville Insurance Company
Name of Company

Eileen Fisher

Senior State Filings Analyst

Official - Title

APR 2 0 2009

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Form (RF-3)

1.

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11.

12.

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14.

15.

Crop Hail

Other

JUN 0 1 2009

Change in Company North Line level produced by rate revision effective

6-1-09

(1)	(2)	(3)
(-)	Annual Premium	Percent
Coverage	Volume (Illinois)*	<u>Change (+ or -)**</u>
Automobile Liability		
Private Passenger		
Commercial		
Automobile Physical Damage		
Private Passenger		
Commercial		
Liability Other Than Auto		
Burglary and Theft		
Glass		
Fidelity		
Surety		
Boiler and Machinery		
Fire		
Extended Coverage		
Inland Marine		
Homeowners		
Commercial Multi-Peril		

SUMMARY SHEET

Does filing only apply to certain territory (territories) or certain classes? If so, specify:

6,182,485

Brief description of filing. (If filing follows rates of an advisory organization, specify organization): We submit for your review and approval a +3.8% overall rate increase. We are adopting NCCI's January 1, 2009 Advisory Rates, Loss Costs, and Rating Values with the rule of application below. In addition, with the adoption of this circular that includes the terrorism revisions, we are removing our company rule 4. Foreign Terrorism and Rules 6. Domestic Terrorism, Earthquake and Catastrophic Industrial Accidents (DTEC) from our manual page. See revised WC-E-1 (IL) attached.

- Adjusted to reflect all prior rate changes.
- Change in Company's premium level which will result from application of new rates.

Workers Compensation

Line of Insurance

Harleysville Lake States Insurance Company

+3.8

Name of Company

Eileen Fisher

Senior State Filings Analyst

Form (RF-3)

STATE OF ILLINOIS/IDFPR

STATE OF ILLINOIS/IDFPR

STATE OF ILLINOIS/IDFPR

STATE OF ILLINOIS/IDFPR

STATE OF ILLINOIS

STATE OF ILLINOIS

SUMMARY SHEET

SUMMARY SHEET

SUMMARY SHEET

SUMMARY SHEET

SPRINGFIELD, ILLINOIS

(3)

Percent

Volume (Illinois)* Change (+ or -)** Coverage 1. Automobile Liability Private Passenger Commercial 2. Automobile Physical Damage Private Passenger Commercial 3. Liability Other Than Auto 4. **Burglary and Theft** 5. Glass 6. Fidelity 7. Surety 8. **Boiler and Machinery** 9. Fire 10. **Extended Coverage** 11. Inland Marine 12. Homeowners 13. Commercial Multi-Peril 14. Crop Hail 15. Workers Compensation 0.0 Other

Does filing only apply to certain territory (territories) or certain classes? If so, specify:

Brief description of filing. (If filing follows rates of an advisory organization, specify organization):

We submit for your review and approval a +0.0% overall rate increase. We are adopting NCCI's January 1, 2009 Advisory Rates, Loss Costs, and Rating Values with the rule of application below.

In addition, with the adoption of this circular that includes the terrorism revisions, we are removing our company rule 4. Foreign Terrorism and Rules 6. Domestic Terrorism, Earthquake and Catastrophic Industrial Accidents (DTEC) from our manual page. See revised WC-E-1 (IL) attached.

* Adjusted to reflect all prior rate changes.

** Change in Company's premium level which will result from application of new rates.

Line of Insurance

Harleysville Mutual Insurance Company

Name of Company

Eileen Fisher

Senior State Filings Analyst



JUN 0 1 2009

Form (RF-3)

SPRINGFIELD, ILLINOIS

SUMMARY SHEE

APR 2 0 2009

IPFPR (MPS)

DIVISION OF INSURANCE SPRINGFIELD

6-1-09

Change in Company's premium or rate level produced by rate revision effective

	(1) <u>Coverage</u>	(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ or -)**
1.	Automobile Liability Private Passenger		
2.	Commercial Automobile Physical Damage Private Passenger		
3.	Commercial Liability Other Than Auto		
3. 4.	Burglary and Theft		
5.	Glass		
6.	Fidelity		
7.	Surety		
8.	Boiler and Machinery		
9.	Fire		
10.	Extended Coverage		
11.	Inland Marine		
12.	Homeowners		
13.	Commercial Multi-Peril		
14.	Crop Hail		
15.	Other Workers Compensation	60,279	+1.6
	Line of Insurance		
Does :	filing only apply to certain territory (ter	ritories) or certain classes? If so, specify	/:
We s Loss In ad Terro	ubmit for your review and approval a +1.69 Costs, and Rating Values with the rule of a dition, with the adoption of this circular tha	rates of an advisory organization, specify overall rate increase. We are adopting NCO pplication below. It includes the terrorism revisions, we are remained through the condense and Catastrophic Industrial Accident	Cl's January 1, 2009 Advisory Rates, oving our company rule 4. Foreign

- * Adjusted to reflect all prior rate changes.
- ** Change in Company's premium level which will result from application of new rates.

Harleysville Preferred Insurance Company

Name of Company

Eileen Fisher

Senior State Filings Analyst

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DIVISION OF INSURANCE

Form (RF-3)

SUMMARY SHEET

Eileen Fisher

Senior State Filings Analyst
Official - Title

C	Change in Company's premium or rate	level produced by rate revision effect	ctive 6-1-09
	(1)	(2) Annual Premium	(3) Percent
	Coverage	Volume (Illinois)*	<u>Change (+ or -)**</u>
1.	Automobile Liability		
	Private Passenger		
	Commercial		
2.	Automobile Physical Damage		
	Private Passenger		
	Commercial		
3.	Liability Other Than Auto		
4.	Burglary and Theft		
5.	Glass		
6.	Fidelity		
7.	Surety		
8.	Boiler and Machinery		
9.	Fire		
10. 11.	Extended Coverage Inland Marine		
12.	Homeowners		
12.	Commercial Multi-Peril		
14.	Crop Hail		
15.	Other Workers Compensation	10,618	-3.1
15.	Line of Insurance		
Does fi	ling only apply to certain territory (terr	ritories) or certain classes? If so, sp	ecify:
Brief d	escription of filing. (If filing follows r	ates of an advisory organization, sp	ecify organization):
We su	bmit for your review and approval a -3.1% Costs, and Rating Values with the rule of ap	overall rate increase. We are adopting	NCCI's January 1, 2009 Advisory Rates,
Loss C	ition, with the adoption of this circular that	includes the terrorism revisions, we are	e removing our company rule 4. Foreign
Terror	ism and Rules 6. Domestic Terrorism, Eart	hquake and Catastrophic Industrial Acc	cidents (DTEC) from our manual page.
	vised WC-E-1 (IL) attached.		
	ljusted to reflect all prior rate changes.	ah will	
	ange in Company's premium level whit sult from application of new rates.	cii wiii	
168	suit from application of new rates.		
		THE WOOD AND THE	Harleysville Worcester Insurance
	Ų.	IVISION OF INSURANCE STATE OF ILLINOIS/IDEPR	Company
		STATEOFICE	Name of Company
	Ä	JUN 0 1 2009	CO ~ ~
			Cillen disker
		- LINOIS	

Filing Date:	4/22/2009
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ILLINOIS DEPARTMENT OF INSURANCE SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective

AUGUST 1, 2009

	(1) Coverage	(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ or -)**
1.	Automobile Liability Private		
	Passenger Commercial		
2.	Automobile Physical Damage		
	Private Passenger Commercial		
3.	Liability Other Than Auto		
4.			
5.	Glass Fidelity Surety Roller and Machinery	PANCE	
6.	Fidelity DIVISION OF ILLINOIS	IDEAL	
7.	Surety		
8.	Boiler and Machinery Fire AUG 0 1 2	009	
9.	Fire ALIG O 1 2	1	
10.	Extended Coverage		
11.	Inland Marine	ILLINOIS	
12.	Inland Marine Homeowners SPRINGFIELD,		
13.	Commercial Multi-Peril		
14.	Crop Hail		
15.	Other Workers' Compensation	13,685,098	2.2%
	Line of Insurance		
Does	this filing only apply to certain territory (territ	ories) or certain classes?	
If so,	specify:		No

Brief description of filing. (If filing follows rates of an advisory organization, specify organization):

Hartford Accident and Indemnity Company will deviate -30% from the group rates. including a loading for our own expenses with an expense multiplier of 1.003.

* Adjusted to reflect all prior rate changes.

** Change in the company's premium level which will result from application of new rates.

Hartford Accident and Indemnity Company
Name of Company

Anne Bilodeau
Pricing Consultant
Official-Title

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MAY - 4 2009

Filing Date:	4/22/2009
•	

ILLINOIS DEPARTMENT OF INSURANCE SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective

AUGUST 1, 2009

	(1)		(2) Annual Premium	(3) Percent
	Coverage	<u> </u>	Volume (Illinois)*	Change (+ or -)**
1.	Automobile Liability Private	<u> </u>		
	Passenger Commercial			
2.	Automobile Physical Dama	age		
	Private Passenger Comme	-		
3.	Liability Other Than Auto			
4.	Burglary and Theft			
5.	Glass			
6.	Fidelity			
7.	Surety			
8.	Boiler and Machinery			
9.	Fire			
10.	Extended Coverage			
11.	Inland Marine			
12.	Homeowners			
13.	Commercial Multi-Peril			
14.	Crop Hail		0.505.100	2.2%
15.	Other Workers' Comp Line of Insura		9,505,133	2.276
	Line of insura	ance		
Doos	this filing only apply to certai	n territory (terri	tories) or certain classes?	
	specify:	it territory (terri	torics, or cortain diagges:	No
11 30,	opcony.		•	

Brief description of filing. (If filing follows rates of an advisory organization, specify organization):

Hartford Casualty Insurance Company will deviate -05% from the group rates. including a loading for our own expenses with an expense multiplier of 1.361.

* Adjusted to reflect all prior rate changes.

** Change in the company's premium level which will result from application of new rates.

Hartford Casualty Insurance Company
Name of Company

Anne Bilodeau
Pricing Consultant
Official-Title



MAY - 4 2009

IDFPR (MPC)
DIVISION OF INSURANCE
SPRINGFIELD

DIVISION OF INSURANCE STATE OF ILLINOIS/IDFPR

AUG 0 1 2009

SPRINGFIELD, ILLINOIS

t or -)**

Filing Date:

Brief description of filing. (If filing follows rates of an advisory organization, specify organization):

Hartford Fire Insurance Company will deviate -10% from the group rates. including a loading for our own expenses with an expense multiplier of 1.29.

Does this filing only apply to certain territory (territories) or certain classes?

Workers' Compensation

Line of Insurance

* Adjusted to reflect all prior rate changes.

Commercial Multi-Peril

Crop Hail

Other

If so, specify:

13. 14.

15.

** Change in the company's premium level which will result from application of new rates.

Hartford Fire Insurance Company
Name of Company

Anne Bilodeau Pricing Consultant Official-Title

16,299,366

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2.2%

No

4/22/2009

MAY - 4 2009

		Filing Date:	4/22/2009	
	IOIS DEPARTMENT OF INSURANCE MARY SHEET			
	ige in Company's premium or rate level pro evision effective		AUGUST 1, 2009	
	(1) Coverage	(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ or -)**	
1. 2. 3. 4. 5. 6. 7. 8. 9. 10. 11. 12. 13. 14. 15.	Automobile Liability Private Passenger Commercial Automobile Physical Damage Private Passenger Commercial Liability Other Than Auto Burglary and Theft Glass Fidelity Surety Boiler and Machinery Fire Extended Coverage Inland Marine Homeowners Commercial Multi-Peril Crop Hail Other Workers' Compensation	11,416,471	2.2%	
If so	Line of Insurance this filing only apply to certain territory (te, specify: description of filing. (If filing follows rates ord Insurance Company Of Illinois will dev	of an advisory organization, spec	DIVISION OF STATE OF IL. NO FIRE OF IL. NO AUG 0 ify organization): SPRINGFIELD	1 2009
includ	ding a loading for our own expenses with a usted to reflect all prior rate changes. ange in the company's premium level which	an expense multiplier of 1.146.	REC	EIVED 4 2009

Hartford Insurance Company Of Illinois
Name of Company

Anne Bilodeau Pricing Consultant Official-Title

		Filing Date:	4/22/2009
SUM Chan	IOIS DEPARTMENT OF INSURANCE MARY SHEET ge in Company's premium or rate level prevision effective	oduced by	AUG 0 1 2009
	(1) Coverage	(2) Annual Premium Volume (Illinois)*	SPRINGFIELD, ILLINOIS Change (+ or -)**
1.	Automobile Liability Private		
2.	Passenger Commercial Automobile Physical Damage Private Passenger Commercial		
3.	Liability Other Than Auto		
4.	Burglary and Theft		
5.	Glass		
6.	Fidelity		
7.	Surety		
8.	Boiler and Machinery		
9.	Fire		
10.	Extended Coverage		
11.	Inland Marine		
12.	Homeowners		
13.	Commercial Multi-Peril		
14.	Crop Hail	00 000 005	0.00/
15.	Other Workers' Compensation Line of Insurance	29,633,635	2.2%
Does	this filing only apply to certain territory (te	erritories) or certain classes?	
	specify:	,	<u>No</u>
			·

Brief description of filing. (If filing follows rates of an advisory organization, specify organization):

Hartford Insurance Company of the Midwest will deviate -15% from the group rates. including a loading for our own expenses with an expense multiplier of 1.218.

* Adjusted to reflect all prior rate changes.

** Change in the company's premium level which will result from application of new rates.

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MAY - 4 2009

IDFPR (MPC)
DIVISION OF INSURANCE
SPRINGFIELD

Hartford Insurance Company of the Midwest Name of Company

Anne Bilodeau Pricing Consultant Official-Title

SUMM Chang	DIS DEPARTMENT OF INSURANCE IARY SHEET The in Company's premium or rate level production effective	duced by	AUG 0 1 2009
	(1) Coverage	(2) Annual Premium Volume (Illinois)*	SPRINGFIELD, ILLINOIS Change (+ or -)**
1.	Automobile Liability Private		*
	Passenger Commercial		
2.	Automobile Physical Damage		
	Private Passenger Commercial		
3.	Liability Other Than Auto		
4.	Burglary and Theft		
5.	Glass		
6.	Fidelity		
7.	Surety		
8.	Boiler and Machinery		
9.	Fire		
10.	Extended Coverage		
11.	Inland Marine		
12.	Homeowners	-	
13.	Commercial Multi-Peril		
14. 15.	Crop Hail Other Workers' Compensation	22,803,056	2.2%
15.	Line of Insurance		<i>L.L</i> /0
	Line of mountaine		
	this filing only apply to certain territory (terr specify:	itories) or certain classes?	No

Filing Date:

Brief description of filing. (If filing follows rates of an advisory organization, specify organization):

Hartford Underwriters Insurance Company will deviate 10% from the group rates. including a loading for our own expenses with an expense multiplier of 1.576.

* Adjusted to reflect all prior rate changes.

** Change in the company's premium level which will result from application of new rates.

Hartford Underwriters Insurance Company
Name of Company

Anne Bilodeau Pricing Consultant Official-Title RECEIVED

4/22/2009

MAY - 4 2009

SUMMARY SHEET

Change in Company's premium or rate lev	el produced by rate revision effectiv	re July 1, 2009
(1)	(2)	(3)
• •	Annual Premium	Percent
<u>Coverage</u>	Volume (Illinois)*	<u>Change (+ or -)**</u>
1. Automobile Liability		
Private Passenger		
Commercial		
Automobile Physical Damage		
Private Passenger		
Commercial		
Liability Other Than Auto		
Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail	\$64,246,844	2.5%
15. Other <u>Workers' Compensation</u> Line of Insurance	\$64,246,644	2.576
Does filing only apply to certain territory	(territories) or certain classes? If se	o, specify:
No.		
Brief description of filing. (If filing follow	s rates of an advisory organization	specify organization):
Rate filing based on NCCI's approved		two only Filian
 * Adjusted to reflect all prior rate char 		
** Change in Company's premium leve		
result from application of new rates.		
		Illinois National Insurance Co.
		Name of Company
		Name of Company
		Walter Murphy
		Filings Analyst
		Official - Title
H29219D		خاد : معلق المالات
71202102		INSU LIPA
		NVISION OF INSTRUCTOR
		DIVISITE OF THE BE
		PUIN
		"" 0 I 20
		المانية
		DIVISION FILL O 1 2009

SUMMARY SHEET

Change in Company's premium or rate	level produced by rate revision effective	July 1, 2009
(1)	(2)	(3)
	Annual Premium	Percent
<u>Coverage</u>	Volume (Illinois)*	<u>Change (+ or -)**</u>
1. Automobile Liability		
Private Passenger		
Commercial		
Automobile Physical Damage		
Private Passenger		
Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other Workers' Compensation	\$27,639,086	2.5%
Line of Insurance		
Does filing only apply to certain territor	ory (territories) or certain classes? If so,	specify:
No.		
Brief description of filing. (If filing foll-	ows rates of an advisory organization, sp	ecify organization):
Rate filing based on NCCI's approv		world Filing
The state of the s		
* Adjusted to reflect all prior rate cl	hanges.	
** Change in Company's premium l		
result from application of new rate		
, ocali nem approanen er nem rat		The Insurance Company of the
		State of Pennsylvania
		Name of Company
		Maria Maria Maria
		Walter Murphy
		Filings Analyst
11000100		Official - Title
H29219D		

DIVISION OF INSUFFANCE STATE OF ILLINOIS/IDEPR

JUL 0 1 2009

CORINGFIELD, ILLINOIS

Form (RF-3)

ILLINOIS DEPARTMENT OF INSURANCE

SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective		7/1/2009	
(1) <u>Coverage</u>	(2) Annual Premium <u>Volume (Illinois)*</u>	(3) Percent Change (+ or -)**	
Automobile Liability Private			
Passenger Commercial			
 Automobile Physical Damage Private Passenger Commercial 			
3. Liability Other Than Auto	DIVIDION OF		
4. Burglary and Theft	DIVISION OF INSURANCE STATE OF ILLINOIS/IDEPR		
5. Glass	FILED		
6. Fidelity			
7. Surety	JUL 0 1 2009		
8. Boiler and Machinery			
9. Fire			
10. Extended Coverage	SPRINGFIELD, ILLINOIS		
11. Inland Marine			
12. Homeowners			
13. Commercial Multi-Peril			
14. Crop Hail	135,710,514	+0.6%	
15. Other Workers Compensation	135,710,514	10.070	
Line of insulation			
Does filing only apply to certain territory (te	rritories) or certain classes? If so, specif	y:	
bood ming only apply to contain termony (to	, ,		
Brief description of filing. (If filing follows 4/1/2009 loss costs and rating values with	rates of an advisory organization, spec revised loss cost multipliers effective 7/1	ify organization): Filing to adopt NCCI /2009.	
*Adjusted to reflect all prior rate changes. **Change in Company's premium level whi	ch will result from application of new rate	es.	
	Liberty	Insurance Corporation	
		Name of Company	
·		O	
	Bonnie Roeder	State Filings Analyst Official – Title	
		Omeiai — Title	

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IDFPR (MPC) Division of insurance Springfield → Form (RF-3)

ILLINOIS DEPARTMENT OF INSURANCE

SUMMARY SHEET

Change in Company's premium or rate level pr	oduced by rate revision effective	7/1/2009
(1) <u>Coverage</u>	(2) Annual Premium <u>Volume (Illinois)*</u>	(3) Percent <u>Change (+ or -)**</u>
1. Automobile Liability Private Passenger Commercial 2. Automobile Physical Damage Private Passenger Commercial 3. Liability Other Than Auto 4. Burglary and Theft 5. Glass 6. Fidelity 7. Surety 8. Boiler and Machinery 9. Fire 10. Extended Coverage 11. Inland Marine 12. Homeowners 13. Commercial Multi-Peril	DIVISION OF INSUSTRATE OF ILLINOIS/I	9
14. Crop Hail 15. Other Workers Compensation Line of Insurance Does filing only apply to certain territory (territory)	53,417,444 ories) or certain classes? If so, spec	+0.6%
Brief description of filing. (If filing follows rate 4/1/2009 loss costs and rating values with revision	es of an advisory organization, spe sed loss cost multipliers effective 7/	ecify organization): <u>Filing to adopt NCCI</u> /1/2009.
*Adjusted to reflect all prior rate changes. **Change in Company's premium level which v		ites. utual Fire Insurance Company
	Bonnie Roeder	Name of Company State Filings Analyst Official – Title

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ILLINOIS DEPARTMENT OF INSURANCE

SUMMARY SHEET

Change in Company's premium or rate lev	el produced by rate revision effective	7/1/2009
(1) <u>Coverage</u>	(2) Annual Premium <u>Volume (Illinois)*</u>	(3) Percent <u>Change (+ or -)**</u>
1. Automobile Liability Private Passenger Commercial 2. Automobile Physical Damage Private Passenger Commercial 3. Liability Other Than Auto 4. Burglary and Theft 5. Glass 6. Fidelity 7. Surety 8. Boiler and Machinery 9. Fire 10. Extended Coverage 11. Inland Marine 12. Homeowners 13. Commercial Multi-Peril 14. Crop Hail	JUL 0 1 2009 JUL 0 1 2009 SPRINGFIELD, ILLINOIS	10.60/
15. Other Workers Compensation Line of Insurance	7,067,301	+0.6%
Brief description of filing, (If filing follows	erritories) or certain classes? If so, specify rates of an advisory organization, specing revised loss cost multipliers effective 7/1/	fy organization): Filing to adopt NCCI
*Adjusted to reflect all prior rate changes. **Change in Company's premium level wh	nich will result from application of new rate	s. utual Insurance Company Name of Company
	Bonnie Roeder	State Filings Analyst Official – Title

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Form (RF-3)

ILLINOIS DEPARTMENT OF INSURANCE

SUMMARY SHEET

Change in Company's premium or rate level p	produced by rate revision effective	7/1/2009
(1)	(2)	(3)
	Annual Premium	Percent
<u>Coverage</u>	Annual Premium Volume (Illinois)* DIVISION O	<u>Change (+ or -)**</u>
	STATE	FINEUR
Automobile Liability Private		LINOIS/IDEBICE
Passenger Commercial		- C D I PH
Automobile Physical Damage	JUI 0	1 2009
Private Passenger Commercial		4 2009
3. Liability Other Than Auto	Spp	
4. Burglary and Theft	SPRINGFIELD	
5. Glass		" ILLINOIS
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail	10.005.405	+0.5%
15. Other Workers Compensation	10,035,405	+0.5%
Line of Insurance		
Description of the section to write my (town)	torica) or cortain classes? If so, specif	fv
Does filing only apply to certain territory (terri	tories) or certain classes? If so, specif	
Brief description of filing. (If filing follows ra	tes of an advisory organization, spec	cify organization): Filing to adopt NCCI
4/1/2009 loss costs and rating values with re-	vised loss cost multipliers effective 7/1	/2009.
	Ý.	
*Adjusted to reflect all prior rate changes.		
**Change in Company's premium level which	will result from application of new rate	es.
- Change in Company a promise		
•	<u>LM</u>	Insurance Corporation
•		Name of Company
		Ot 1 ETT A sale of
	Bonnie Roeder	State Filings Analyst
		r mera = 1168

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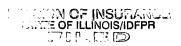
Form (RF-3)

ILLINOIS DEPARTMENT OF INSURANCE **SUMMARY SHEET**

Change in Company's premium or rate level produced by rate revision effective 06/01/2009 (2) (3) (1) **Annual Premium Percent** Volume (Illinois)* Change (+ or -)** Coverage Automobile Liability Private 1. Passenger Commercial 2. Automobile Physical Damage Private Passenger Commercial 3. Liability Other Than Auto **Burglary and Theft** 4. 5. Glass Fidelity 6. 7. Surety 8. **Boiler and Machinery** 9. Fire 10. Extended Coverage 11. Inland Marine 12. Homeowners 13. Commercial Multi-Peril 14. Crop Hail 15. Other Workers Compensation 2,989,895 Line of Insurance Does filing only apply to certain territory (territories) or certain classes? If so, specify: Brief description of filing. (If filing follows rates of an advisory organization, specify organization): Adoption of NCCI advisory loss costs and rating values effective April 1, 2009 *Adjusted to reflect all prior rate changes. **Change in Company's premium level which will result from application of new rates. Maryland Casualty Insurance Company Name of Company

Denise Goode, Secretary

Official - Title



JUN 0 1 2009

CTTEEGFIELD, ILLINOIS

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Form (RF-3)

SUMMARY SHEET

IDFPR (MPC)
DIVISION OF INSURANCE
SPRINGFIELD Change in Company's premium or rate level produced by rate revision effective 07/15/09 .

	· · · · · · · · · · · · · · · · · · ·	
(1)	(2)	(3)
	Annual Premium	Percent
Coverage	Volume (Illinois)*	Change (+ or -) **
1. Automobile Liability		
Private Passenger		
Commercial		
2. Automobile Physical Damage		
Private Passenger		
Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other Workers Compensation	\$6,477,994	6.29%
Line of Insurance		
If so, specify: No.		
Brief description of filing. (If		an advisory
organization, specify organizatio	11):	
Adopting NCCI Law Only filing fou	nd in NCCI Circular IL-200	09-03.
		11000000
		ATE OF ILL NO FRANCE
* Adjusted to reflect all prior :	rate changes	TED IT TO SILVER
** Change in Company's premium le	vel which will	• ===
result from application of new		JUL I 5 2009
Tebate from appared of the		1 2000
		\$33M05;
		SPRINGFIELD, ILLINOIS
	Massachusetts Bay Insur	ance Company
	Name of Compa	ny
	Michele L. Holm - Pricir	
	Official - Tit	те

Section 754.EXHIBIT A Summary Sheet (Form RF-3)

FORM (RF-3)

C.VISION OF INSURANCE STATE OF ILLINOIS/IDEPR

SUMMARY SHEET

AUG 0 1 2009

	Change in Company's premiu effective August 1, 2009	m or rate level produce	d by rate 作的语用是LD, ILLINOIS
-	(1)	(2) Annual Premium	(3) Percent
-	Coverage	Volume (Illinois) *	_ Change (+or-) **
1.	Automobile Liability Private	······································	
	Passenger		
	Commercial		
2	Automobile Physical Damag		
	Private Passenger		
	Commercial		
3.	Liability Other Than Auto		
4.	Burglary and Theft		
5.	Glass		
6.	Fidelity	4	
7.	Surety		
8.	Boiler and Machinery	•	
9.	Fire	,	-
10.	Extended Coverage		
11.	Inland Marine		
12.	Homeowners		-
13.	Commercial Multi-Peril	*	
14.	Crop Hail		FEEA AST 1997
15.	Other Workers Compensation	\$445,803 written premium	+2.2%
	Life of Insurance		
٠	Does filing only apply to certa	nin territory (territories) c	or certain
	Classes? If so,	• . ,	
	specify: Statewic	de	
	Brief description of filing. (If f	iling follows rates of an	advisory
	Organization, specify		
	organization):		proved Illinois Loss Costs approved for 4/1/09.
	MCIM will adopt for new and renewal effort	· · · · · · · · · · · · · · · · ·	
	Same Loss Cost Multipliers as current filing		77 for Code Group 2. LAW only Filin
	*Adjusted to reflect all prior ra		/
	**Change in Company's premates.	nium level which will res	ult from application of new
	10162.		

Michigan Commercial Insurance Mutual

Name of Company

Veronica Matejko - Corporate Compliance & Statistics Manager

	revision effective	June 1, 2009	(3)
	(1)	(2) Annual Premium	Percent
	Caucage	Volume (Illinois)*	Change (+ or -) *
	Coverage	volume (Illinois)	Change (+ or -)
	Automobile Liability		
	Private Passenger		
	Commercial		
	Automobile Physical Damage		
	Private Passenger		
	Commercial		
	Liability Other Than Auto		
	Burglary and Theft		
	Glass		
	Fidelity		
	Surety		
	Boiler and Machinery		
	Fire		
	Extended Coverage		
	Inland Marine		
	Homeowners		
	Commercial Multi-Peril		
	Crop Hail		
	Other Workers Compensation	\$3,668,199	2.5%
	Line of Insurance		
	Does filing only apply to certain territory (territal lasses? If so, specify: No	tories) or certain	
	Brief description of filing. (If filing follows rate		M. valemtone loop posts fo
0		adoping the NCCI approval 4/1/200	by voluntary loss costs, tol
_	and ren	ewal policies.	
		LAW only F	1/119
_		/	

* Adjusted to reflect all prior rate changes.

** Change in Company's premium level which will result from application of new rates.

DIVISION OF INSURANCE STATE OF ILLINOIS/IDFPR

JUN 0 1 2009

Mid-Century Insurance Company
Name of Company

- • II...

James J. Gebhard, FCAS, MAAA Actuary, Workers Compensation

SPRINGFIELD, ILLINOIS



APR 2 4 2009

IDFPR (MPC) DIVISION OF INSURANCE SPRINGFIELD

Illinois

ILLINOIS SUMMARY SHEET

FORM RF-3

Change ir	n Company's premium or rate level produced by rate revision	on effective:	July 1, 2009
	(1) Coverage	(2) Annual Premium Volume (Illinois) *	(3) Percent Change (+ or -) **
1.	Automobile Liability		
1.	Private Passenger		
	Commercial		
2.	Automobile Physical Damage		
2.	Private Passenger		
	Commercial		
3.	Liability Other than Auto		
4.	Burglary and Theft DIVISION OF INSURANCE		
5.	Liability Other than Auto Burglary and Theft DIVISION OF INSURANCE Glass Fidelity		
6.	Fidelity		
7.	Curati	1	
8.	Boiler and Machinery JUL 0 1 2009		
9.	Fire		
10.	Extended Coverage SPRINGFIELD, ILLINOIS		
11.	Inland Marine SPRINGFIELD, ILLINOIS		
12.	Homeowners		
13.	Commercial Multi-Peril		
14.	Crop Hail		
15.	Workers Compensation	14,134,670	2.5%
16 .	Other:		
Does filit	ng only apply to certain territory (territories) or certain clas	sses? If so, specify.	Not Applicable
Brief des <u>W</u>	cription of filing (if filing follows rates of an advisory orga e are adopting the 4/1/2009 NCCI IL voluntary rates with a	anization, specify organization). an effective date of 7/1/09	LAW only Filing
	-force Written Premium nange in Company's premium level which will result from a	application of new rates.	
		National Fire Incuren	ce Company of Hartford
			f Company
		ivalite o	Company
		Sean Ramial -	Actuarial Analyst
		Offici	al - Title

SUMMARY SHEET

Change in Company's premium or rate lev	el produced by rate revision effective	July 1, 2009
(1)	(2)	(3)
(1)	Annual Premium	Percent
Coverage	Volume (Illinois)*	Change (+ or -)**
<u>Coverage</u>	volume (minois)	Ondrigo (* 51 /
1. Automobile Liability		
Private Passenger		
Commercial		
2. Automobile Physical Damage		
Private Passenger		
Commercial	A CONTRACTOR OF THE CONTRACTOR	
3. Liability Other Than Auto	200	
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other Workers' Compensation	\$66,547,781	2.5%
Line of Insurance		
		.,
Does filing only apply to certain territory	(territories) or certain classes? If so,	specify:
No.		
Brief description of filing. (If filing follow	s rates of an advisory organization, sr	pecify organization):
Rate filing based on NCCI's approved		Aw filing
Tate ming bases on most supplies		only
* Adjusted to reflect all prior rate char	nges	• 11.9
** Change in Company's premium leve		
result from application of new rates.		
result from application of new rates.		National Union Fire Insurance
		Company of Pittsburgh, Pa.
		Name of Company
		a or company
		Walter Murphy
		Filings Analyst
		Official - Title
H29219D		

DIVISION OF INSURA STATE OF ILLINOIS/IDFPR

JUL 0 1 2009

SPRINGFIELD, ILLINOIS

SUMMARY SHEET

hange in Company's premium or rate lev	el produced by rate revision effect	tive July 1, 2009
	,	
(1)	(2)	(3)
(1)	Annual Premium	Percent
Coverage	Volume (Illinois)*	Change (+ or -)**
<u>Coverage</u>	voidine (illinois)	Ghange (- c.)
1. Automobile Liability		
Private Passenger		
Commercial		
2. Automobile Physical Damage		
Private Passenger		
Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		The state of the s
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		· · · · · · · · · · · · · · · · · · ·
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other Workers' Compensation	\$83,403,457	2.5%
Line of Insurance		
No. Brief description of filing. (If filing follows Rate filing based on NCCI's approved	s rates of an advisory organization	n, specify organization):
* Adjusted to reflect all prior rate char	ines	ι ' /
** Change in Company's premium leve		
result from application of new rates.	William William	
result from application of new rates.		
		New Hampshire Insurance Company
	-	Name of Company
		Name of Company
		Walter Murphy
	-	Filings Analyst Official - Title
1100040D		Official - Title
H29219D		



JUL **0 1** 2009

SPRINGFIELD, ILLINOIS

ILLINOIS SUMMARY SHEET

FORM RF-3

Char	nge in Company's premium or rate level produced b	y rate revision effective		July 1, 2009
	(1)	(2) Annual Premiun	1	(3) Percent
	Coverage	Volume (Illinois)		Change (+ or -)**
1.	Automobile Liability			
	Private Passenger			
	Commercial			
2.	Automobile Physical Damage			
	Private Passenger			
	Commercial			
3.	Liability Other Than Auto			
4.	Burglary and Theft			
7 . 5.	Glass			
6.	Fidelity	· · · · · · · · · · · · · · · · · · ·		
7.	•			
7. 8.	Surety Reiler and Machinery			
9.	Boiler and Machinery Fire			
9. 10.			•	
10. 11.	Extended Coverage			
	Inland Marine			
12.	Homeowners			
13.	Commercial Multi-Peril			
14.	Crop Hail	334,151		2.5%
15.	Workers Compensation	334,131		2.570
16.	Other	·		
	Line of Insurance			
	filing only apply to certain territory (territories) or ce	utain classes? If so specify	No.	
Joes	filing only apply to certain territory (territories) or ce	italii classes: II 30, specify	110.	
3rief	description of filing (if filing follows rates of an advis	ory organization, specify organizati		NCCI approved
Wor	kers Compensation loss costs and rating	values per NCCl Circular IL-	2009-01. The filing	maintains the
	ent approved loss cost multipliers and ratio		LAW only F	ilina
			/	-
				·
*	Adjusted to reflect all prior rate changes			
**	Changes in Company's premium level which will r	esult from application of new rates.		
	•			
		NID	PONKOA Insuranc	e Company
		- NII	Name of Company	e Company
	The state of the s		Name of Company	
	DIVISION OF INSURANCE	Bui	Heffran	
	STATE OF ILLÍNOIS/IDFPR	, ,	. , ,	2nd Vice President
	ve screens Charges Unique		Official - Title	
	JUL 0 1 2009			
	306.01.2003			
	SPRINGFIELD, ILLINOIS	WC-IL-7		Printing 08/95

Form (RF-3)

ILLINOIS DEPARTMENT OF INSURANCE SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective 06/01/2009

	(1)	(2) Annual Premium	(3) Percent
	<u>Coverage</u>	Volume (Illinois)*	<u>Change (+ or -)**</u>
1. 2.	Automobile Liability Private Passenger Commercial Automobile Physical Damage		
	Private Passenger Commercial		
3.	Liability Other Than Auto		
4.	Burglary and Theft		
5.	Glass	4444	
6. 7.	Fidelity Surety	• • • • • • • • • • • • • • • • • • •	AND THE STREET, STREET
8.	Boiler and Machinery		
9.	Fire		
10.	Extended Coverage		
11.	Inland Marine		
12.	Homeowners		
	Commercial Multi-Peril		
	Crop Hail		
15.	Other Workers Compensation	3,152,268	1.8%
	Line of Insurance		
Doe	es filing only apply to certain territory (t	erritories) or certain classes? If so, specify:	
Brie	ef description of filing. (If filing follows r	ates of an advisory organization, specify org	ganization):
Ado	otion of NCCI advisory loss costs and rating value	es effective April 1, 2009 Law only	Filing
	ljusted to reflect all prior rate changes. hange in Company's premium level wh	nich will result from application of new rates.	
		Northern Insurance Company	of New York
			ame of Company
		Denise Goode, Secretary	
			Official - Title

OF INSC.

JUN 0 1 2009

DDDMGFIELD, ILLINOIS

ILLINOIS SUMMARY SHEET

FORM RF-3

Cha	nge in Company's premium or rate level prod	uced by rate revision effective	July 15, 2009.
	(1)	(2) Annual Premium	(3) Percent
	Coverage	Volume (Illinois) *	Change (+ or -) **
1.	Automobile Liability Private Passenger Commercial		DIVISION OF INSURAL STATE OF ILLINOIS/IDEP
2.	Automobile Physical Damage Private Passenger Commercial		JUL 1 5 2009
3. 4. 5.	Liability Other than Auto Burglary and Theft Glass		SPRINGFIELD, ILLINOIS
6. 7. 8.	Fidelity Surety Boiler and Machinery		- ILLINOIS
9. 10. 11.	Fire		
12. 13. 14.	Homeowners Commercial Multi-Peril		
15. 16.	Workers Compensation	\$896,522.00	18.00%
Doe	s filing only apply to certain territory (territorie	es) or certain classes? If so, spe	ecify
Brie	f description of filing (if filing follows rates of a	n advisory organization, specify	organization) Adoption of NCCI
Los	s Costs (NCCI Circular Reference IL-2009-	03) effective 4/1/2009 (+2.5%)	and Change in LCM from 1.346
<u>to 1</u>	.550 (+15.2%). The combined figure is +18	.0%.	
*	Adjusted to reflect all prior rate changes. Change in Company's premium level whi	ch will result from application of	
			Nova Casualty Company Name of Company
			Kevin W. Purcell Vice President, IRC Official - Title
			Heim W. Burell
			Signature

Form (RF-3)

ILLINOIS DEPARTMENT OF INSURANCE SUMMARY SHEET

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MAY 1 2 2009

DIVISION OF INSURANCE
SPRINGFIELD

Ch	ange in Company's premium or rate leve	el produced by rate revision effective	06/01/2009
	(1) Coverage	(2) Annual Premium Volume (Illinois)*	(3) Percent <u>Change (+ or -)**</u>
	 		
1.	Automobile Liability Private Passenger Commercial		
2.	Automobile Physical Damage Private Passenger Commercial		
3.	Liability Other Than Auto		
4.	Burglary and Theft		
5.	Glass		
6.	Fidelity		
7.	Surety		
8.	Boiler and Machinery		
9.	Fire		
10.	Extended Coverage		
11.	Inland Marine		
12.	Homeowners		
13.	Commercial Multi-Peril		
14.	Crop Hail		
	Other Workers' Compensation	6,986,128	2.1%
	Line of Insurance		
Do	es filing only apply to certain territory (te	erritories) or certain classes? If so, specify:	
	olies to all territories and classes.	,	
Bri	ef description of filing. (If filing follows ra	ites of an advisory organization, specify org	ganization):
Ado	option of the 4/1/09 loss costs published by NCCI ((NCCI Approval Circular # IL - 2009 - 03)	
	djusted to reflect all prior rate changes.		
**C	Change in Company's premium level whi	ch will result from application of new rates.	
		Pacific Indemnity Company	
			Name of Company
		Assistant Vice President	Auf Suh
			Official - Title



ILLINOIS SUMMARY SHEET

FORM RF-3

Char	nge in Company's premium or rate level produced by rate revi	ision effective		July 1, 2009
	(1)	(2) Annual Premium		(3) Percent
	Coverage	Volume (Illinois)*		Change (+ or -)**
1.	Automobile Liability			
	Private Passenger		_	
	Commercial		_	
2.	Automobile Physical Damage		_	
	Private Passenger		_	
	Commercial			•
3.	Liability Other Than Auto		_	
4.	Burglary and Theft			
5.	Glass		_	
6.	Fidelity		-	
7.	Surety		-	
8.	Boiler and Machinery		_	
9.	Fire		_	
10.	Extended Coverage		_	
11.	Inland Marine		_	
12.	Homeowners		_	
13.	Commercial Multi-Peril		_	
14.	Crop Hail		_	
15.	Workers Compensation	4,352,469		2.5%
16.	Other			
	Line of Insurance		_	
			j	
Does	filing only apply to certain territory (territories) or certain class	ses? If so, specify	No.	
			Adaption of I	ACCI connected
Brief	description of filing (if filing follows rates of an advisory organi	ization, specify organization)		NCCI approved
Worl	kers Compensation loss costs and rating values p	er NCCI Circular IL-2009-0	71. The filling n	naintains the
curre	ent approved loss cost multipliers and rating value	es. Law on	lly Film	
			<u>'</u>	
*	Adjusted to reflect all prior rate changes			
**	Changes in Company's premium level which will result from	application of new rates		
	Changes in Company's premium level which will result from	application of new rates.		
	DIVISION OF MICHE	•		
	DIVISION OF INSURANCE STATE OF ILLINOIS/JOEPR	Phoenix	Insurance Co	ompany
	STATE OF ILLINOIS/IDEPR	Name	of Company	
	i	1 suis stall	, .e.s	
	JUL 0 1 2009		1	2nd Vice President
		Off	icial - Title	
		J	idai - Tito	
	Springfield, Illinois			

Form (RF-3)

ILLINOIS DEPARTMENT OF INSURANCE SUMMARY SHEET

Change in Company's premium or rate leve	el produced by rate revision effective	6/1/09
(1) <u>Coverage</u>	(2) Annual Premium <u>Volume (Illinois)*</u>	(3) Percent <u>Change (+ or -)**</u>
Automobile Liability Private		
Passenger Commercial		
 Automobile Physical Damage Private Passenger Commercial 		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity	_	
7. Surety		
8. Boiler and Machinery	_	
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other Workers' Compensation	12,790,669	3.57%
Line of Insurance		
Does filing only apply to certain territory (te		
4/1/09 rates.		
*Adjusted to reflect all prior rate changes. **Change in Company's premium level whi	Reger	s. It Insurance Company Name of Company C/L Operations System Technician
		Official – Title





APR 1 3 2009 DIVISION OF INSURANCE SPRINGFIELD

Form (RF-3)

SUMMARY SHEET

Change in Company's premiur revision effective 07/01/2		by rate
(1)	(2) Annual Premium	(3) Percent
Coverage	<pre>Volume (Illinois)*</pre>	Change $(+ \text{ or } -) **$
1. Automobile Liability Private Passenger Commercial		
2. Automobile Physical Damage Private Passenger		
Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft 5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other Workers Compensation	362,861	+6.1%
Line of Insurance		
Ooes filing only apply to certain If so, specify: Brief description of filing. (If organization, specify organization)	filing follows rates of a	an advisory
* Adjusted to reflect all prior r ** Change in Company's premium lev result from application of new	el which will	JUL 0 1 2009
-	Name of Compa	ny
	George T. Dodd, Vice Pres	ident/Actuary

Official - Title

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APR 1 7 2009

DIVISION OF INSUFANCE

Form (RF-3)

SUMMARY SHEET

2. A	(1) <u>Coverage</u> Automobile Liability Private Passenger Commercial Automobile Physical Damage Private Passenger	(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ or -)**
2. A	automobile Liability Private Passenger Commercial automobile Physical Damage		
2. A	Private Passenger Commercial Lutomobile Physical Damage		
2. A	Commercial automobile Physical Damage		
2. A	utomobile Physical Damage		
]			
(Private Passenger		
Э Т	Commercial		
3. L	iability Other Than Auto		
	urglary and Theft		
5. G	lass		
6. F	idelity		
7. S	urety		
8. B	oiler and Machinery		
9. F	ire		
10. E	xtended Coverage		
11. In	nland Marine		
12. H	omeowners		
13. C	ommercial Multi-Peril		
14. C	rop Hail		
15. O	ther Workers Compensation	15,122,788	+2.4%
	Line of Insurance		
-	g only apply to certain territory (ter	ritories) or certain classes? If so, specify:	
No		·	

result from application of new rates.

DIVISION OF INSURANCE STATE OF ILLINOIS/IDEPR

JUN 0 1 2009

SPRINGFIELD, ILLINOIS

Selective Insurance Company of South Carolina

Name of Company

Judy Symons – State Filings Specialist

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APR 1 7 2009

Official - Title

DIVISION OF INSUFANCE SPRINGFIELD

Form (RF-3)

SUMMARY SHEET

(Change in Company's premium or rate	e level produced by rate revis	ion effective	6/1/2009
	(1)	(2)		(3)
	Coverage	Annual Premium Volume (Illinois)*		Percent Change (+ or -)**
1.	Automobile Liability Private Passenger Commercial			
2.	Automobile Physical Damage Private Passenger Commercial			
3.	Liability Other Than Auto			
4.	Burglary and Theft			
5.	Glass		<u>.</u>	
6.	Fidelity		<u>_</u>	
7.	Surety			
8.	Boiler and Machinery			
9.	Fire			
10.	Extended Coverage Inland Marine			
11. 12.	Homeowners			
12.	Commercial Multi-Peril			
14.	Crop Hail			
15.	Other Workers Compensation	8,912,439		+2.4%
10.	Line of Insurance			
Does f	iling only apply to certain territory (te	rritories) or certain classes?	If so, specify:	
	lescription of filing. (If filing follows re adopting the NCCI loss costs that a			only Filing
** Ch	ljusted to reflect all prior rate changes nange in Company's premium level who sult from application of new rates.			
	-			
	DIVIS STA	ION OF INSURANCE TE OF ILL NOIS/JOPPR	Selecti the Sou	
		JUN 0 1 2009		Name of Company
	SPRI	NGFIELD, ILLINOIS	Judy S Specia	ymons – State Filings list

Filing Date:

DIVISION OF INSURANCE STATE OF ILLINOIS/IDFPR

ILLINOIS DEPARTMENT OF INSURANCE SUMMARY SHEET

AUG 0 1 2009

Change in Company's premium or rate level produced by rate revision effective

SPRINGUETO, 2009/OIS

		(1)	(2) Annual Premium	(3) Percent
		Coverage	Volume (Illinois)*	Change (+ or -)**
1.	Automob	oile Liability Private		
	Passeng	er Commercial		
2.	Automob	oile Physical Damage		
		Passenger Commercial		
3.	Liability (Other Than Auto		
4.	Burglary	and Theft		
5.	Glass			
6.	Fidelity			
7.	Surety			
8.		nd Machinery		
9.	Fire			
10.		d Coverage		
11.	Inland M			
12.	Homeow			
13.		cial Multi-Peril		
14.	Crop Ha			
15.	Other	Workers' Compensation Line of Insurance	4,378,625	2.2%
Doco	thic filing c	only apply to certain territory (ter	ritories) or certain classes?	
	, specify:	iny apply to certain terniory (ter	mones, or centain classes:	No

Brief description of filing. (If filing follows rates of an advisory organization, specify organization):

Sentinel Insurance Company, Ltd. will deviate -25% from the group rates. including a loading for our own expenses with an expense multiplier of 1.075.

* Adjusted to reflect all prior rate changes.

** Change in the company's premium level which will result from application of new rates.

Sentinel Insurance Company, Ltd.

Name of Company

Anne Bilodeau Pricing Consultant Official-Title RECEIVED

RECEIVED FEB 2 6 2009

Form (RF-3)

SUMMARY SHEET

Change in Company's premium revision effective 6/1/200		by rate
(1)	(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ or -)**
<u>Coverage</u>	volume (IIIIIOIS)"	Change (+ Oi -)
1. Automobile Liability Private Passenger Commercial 2. Automobile Physical Damage Private Passenger Commercial 3. Liability Other Than Auto 4. Burglary and Theft 5. Glass 6. Fidelity 7. Surety 8. Boiler and Machinery 9. Fire 10. Extended Coverage 11. Inland Marine 12. Homeowners 13. Commercial Multi-Peril 14. Crop Hail 15. Other Workers Compensation	20,946,974	+8.0%
Line of Insurance		
Does filing only apply to certain If so, specify: no	territory (territories)or	certain classes?
Brief description of filing. (If organization, specify organization	filing follows rates of a	an advisory
1/1/2009 Advisory Rates with class	s deviations and a flat de	eviations as listed on
the attachment.	ات '	VISION OF INSURANCE
* Adjusted to reflect all prior r ** Change in Company's premium lev result from application of new	rate changes. vel which will rates.	JUN 0 1 2009 SPRINGFIELD, ILLINOIS
-14	Sentry Insurance a Mut Name of Compa	
Jar	nel Danczyk, Compliance/Deve	

Official - Title

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FEB 2 6 2009

IDFPR (MPC) Division of insurance Springfield

Form (RF-3)

SUMMARY SHEET

Change in Company's revision effective	premium or rate level produce 6/1/2009	d by rate
(1)	(2) Annual Premium	(3) Percent
Coverage	<pre>Volume (Illinois) *</pre>	Change (+ or -)**
1. Automobile Liability Private Passenger Commercial		
2. Automobile Physical Dama Private Passenger	age	
Commercial 3. Liability Other Than Au		
4. Burglary and Theft		
5. Glass		
6. Fidelity		<u> </u>
7. Surety		
8. Boiler and Machinery		•
9. Fire		-
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril	WHEN 2, 1 22 1	
14. Crop Hail		
15. Other Workers Compensat		8.1%
Does filing only apply to c If so, specify: no	ertain territory (territories)	or certain classes?
organization, specify organ		
1/1/2009 Advisory Rates wit	h class deviations and a flat	deviation as listed on
the attachment.		STATE OF ILLINOIS/IDEPR
* Adjusted to reflect all ** Change in Company's prem result from application	ium level which will	JUN 0 1 2009
		SPRINGFIELD, ILLINOIS
	Sentry Select Insur	ance Company
	Name of Com	pany
	Tomal Danasch Committee (5	
	Janel Danczyk, Compliance/De Official -	

Printing 08/95

ILLINOIS SUMMARY SHEET

FORM RF-3

	n Company's premium or rate level produced by ra	ate revision effective	July 1, 2009
	(1)	(2) Annual Premium	(3) Percent
	Coverage	Volume (Illinois)*	Change (+ or -)**
l. Αι	tomobile Liability		
	Private Passenger		
	Commercial	•	
2. AL	tomobile Physical Damage		
	Private Passenger		
	Commercial		
. Lia	bility Other Than Auto		
	rglary and Theft		
	ass		
	lelity		
	rety		
	iler and Machinery		
Fir	-		
	tended Coverage		
	and Marine		
	meowners		
	mmercial Multi-Peril	-	
	pp Hail		
	orkers Compensation	7,454,501	2.5%
		7,404,001	2.070
. Otl	Line of Insurance		
	Line of modrance		
	only apply to certain territory (territories) or certain	in classes? If so, specify No.	
es filino	Office apply to certain territory (territories) or certain	in classes: it so, specify	
es filing	only apply to certain territory (territories) or certain	in classes: If so, specify	
f desc	iption of filling (if filling follows rates of an advisory	organization, specify organization) Adoption	of NCCI approved
f desc	ription of filing (if filing follows rates of an advisory Compensation loss costs and rating val	organization, specify organization) Adoption ues per NCCI Circular IL-2009-01. The fili	ng maintains the
f desc	iption of filling (if filling follows rates of an advisory	organization, specify organization) Adoption ues per NCCI Circular IL-2009-01. The fili	ng maintains the
ef desc	ription of filing (if filing follows rates of an advisory Compensation loss costs and rating val	organization, specify organization) Adoption ues per NCCI Circular IL-2009-01. The fili	ng maintains the
of desc orkers rent a	ription of filing (if filing follows rates of an advisory Compensation loss costs and rating val approved loss cost multipliers and rating	organization, specify organization) Adoption ues per NCCI Circular IL-2009-01. The fili	ng maintains the
f desc erkers rent a	ription of filing (if filing follows rates of an advisory Compensation loss costs and rating val approved loss cost multipliers and rating usted to reflect all prior rate changes	organization, specify organization) Adoption ues per NCCI Circular IL-2009-01. The fili values. Aw only Fili	ng maintains the
f desc rkers rent a	ription of filing (if filing follows rates of an advisory Compensation loss costs and rating val approved loss cost multipliers and rating	organization, specify organization) Adoption ues per NCCI Circular IL-2009-01. The fili values. Aw only Fili	ng maintains the
f desc erkers rent a	ription of filing (if filing follows rates of an advisory Compensation loss costs and rating val approved loss cost multipliers and rating usted to reflect all prior rate changes	organization, specify organization) Adoption ues per NCCI Circular IL-2009-01. The fili values. Aw only Fili	ng maintains the
f desc erkers rent a	ription of filing (if filing follows rates of an advisory Compensation loss costs and rating val approved loss cost multipliers and rating usted to reflect all prior rate changes anges in Company's premium level which will resu	organization, specify organization) ues per NCCI Circular IL-2009-01. The filivalues. Aw only Filivalues.	ng maintains the ∾≺
orkers rent a	compensation loss costs and rating value approved loss cost multipliers and rating usted to reflect all prior rate changes anges in Company's premium level which will resurrive to the company	organization, specify organization) Adoption ues per NCCI Circular IL-2009-01. The fili values. Aw only fili alt from application of new rates. The Standard Fire Inst	ng maintains the
ef desc orkers rent a	compensation loss costs and rating value approved loss cost multipliers and rating usted to reflect all prior rate changes anges in Company's premium level which will resurred.	organization, specify organization) ues per NCCI Circular IL-2009-01. The filivalues. Aw only Filivalues.	ng maintains the
ef desc orkers rrent a	compensation loss costs and rating value approved loss cost multipliers and rating usted to reflect all prior rate changes anges in Company's premium level which will resurrive to the company	organization, specify organization) Adoption ues per NCCI Circular IL-2009-01. The fili values. Aw only fili alt from application of new rates. The Standard Fire Inst	ng maintains the
ef desc orkers rrent a	compensation loss costs and rating value approved loss cost multipliers and rating usted to reflect all prior rate changes anges in Company's premium level which will resurred. DIVISION OF INSURANCE STATE OF ILLINOIS/IDFPR	organization, specify organization) Adoption ues per NCCI Circular IL-2009-01. The fili values. Aw only fili alt from application of new rates. The Standard Fire Inst	ng maintains the
orkers rent a	compensation loss costs and rating value approved loss cost multipliers and rating usted to reflect all prior rate changes anges in Company's premium level which will resurred.	organization, specify organization) Adoption ues per NCCI Circular IL-2009-01. The fili values. Aw only fili alt from application of new rates. The Standard Fire Inst	ng maintains the
ef desc orkers rent a	compensation loss costs and rating value approved loss cost multipliers and rating usted to reflect all prior rate changes anges in Company's premium level which will resurred. DIVISION OF INSURANCE STATE OF ILLINOIS/IDFPR	organization, specify organization) Adoption ues per NCCI Circular IL-2009-01. The filit values. Aw only Filit ult from application of new rates. The Standard Fire Inst Name of Compar	ng maintains the

WC-IL-7

DIVISION OF INSURANCE STATE OF ILLINOIS/IDEPR

MAY 1 8 2009

SPRINGFIELD. ILLINOIS

State National Insurance Company

LLCe- Consultant

First Partners,

	50	ILLINOIS	ADMINISTR	RATIVE	CODE
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CHAPTER I 6753 SUBCHAPTER I

Section 754.EXHIBIT A Summary Sheet (Form RF-3)

FORM (RF-3)

SUMMARY SHEET

(1)	(2)
Coverage	Annual Premium Percent Volume (Illinois)* Change (+ or -)**
Automobile Liability Pri	vate
Passenger	ϵ_{i}
Commercial	
Automobile Physical Dama	ge
Private Passenger	
Commercial	
Liability Other Than Aut	0
Burglary and Theft	
Glass	
fidelity	
Surety	Name of the second seco
Boiler and Machinery	
Fire	
Extended Coverage	
Inland Marine	
Homeowners	
Commercial Multi-Peril	
Crop Hail	
Other Workers' Co	ompensation \$2,379,932 8.8%
Life of Insurance	No.
Does filing only apply to	o certain territory (territories) or certain
classes? If so, specify	: No
Brief description of fil	ing. (If filing follows rates of an advisory
- A) Maniger (Ant - 206C) LA Dis	RADIZATIONI: ACIONTION OF NOOTIO HAINNEL
rates and rating va	alues effective 1/1/2009
	-1100 O1100CIVE 1/1/2009

DIVISION OF INSURANCE STATE OF ILLINOIS/IDFPR

APR 1 8 2009

SPRINGFIELD, ILLINOIS

RECEIVED

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DIVISION OF INSURANCE

ILLINOIS SUMMARY SHEET

Change in Company's premiu	m or rate level produced by rate rev	vision effective June 1,	2009 .
(1)		(2)	(3)
Coverage		Annual Premium Volume (Illinois)*	Percent Change (+ or –)**
Automobile Liability Private Passenger Commercial Automobile Physical Dan Private Passenger Commercial	nage		
3. Liability Other than Auto			
4. Burglary and Theft 5. Glass 6. Fidelity 7. Surety 8. Boiler and Machinery 9. Fire	JUN 0 1 2009		
10. Extended Coverage	JON OF 5000		
11. Inland Marine			
12. Homeowners	SPRINGFIELD, ILLINOIS		
13. Commercial Multi-Peril	SPRINGFIELD, ILLI		
14. Crop Hail	The second secon		
15. Workers Compensation		\$3,877,880	+2.5%
		<u> </u>	
16. Other Line of Insurance	e		<u> </u>
Does filing only apply to certa	in territory (territories) or certain cla	sses? If so, specify]	No
, ,	ng follows rates of an advisory orga CCI loss costs effective 4/1/2009		cation) LAW only F(), company effective date of 6/1/2009
* Adjusted to reflect all p ** Change in Company's	rior rate changes. premium level which will result from app	lication of new rates.	
			SUA Insurance Company
			Name of Company

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APR 2 4 2009

IDFPR (MPC)
DIVISION OF INSURANCE
SPRINGFIELD

Illinois

ILLINOIS SUMMARY SHEET

Change in	n Company's premium or rate level produced by rat	te revision effective:	July 1, 2009
	(1) Coverage	(2) Annual Premium Volume (Illinois) *	(3) Percent Change (+ or -) **
1. 2. 3. 4. 5. 6. 7. 8. 9. 10. 11. 12. 13. 14. 15.	Automobile Liability Private Passenger Commercial Automobile Physical Damage Private Passenger Commercial Liability Other than Auto Burglary and Theft Glass Fidelity Surety DIVISION OF INSURANCE Boiler and STATE OF ILLINOIS/IDFPR Fire Extended Coverage Inland Marine Fire Extended Coverage Inland Marine Homeowners Commercial Multi-Peril Crop Hail SPRINGFIELD, ILLINOIS Workers Compensation Other:	2,901,927	2.5%
Does fili	ng only apply to certain territory (territories) or cert	tain classes? If so, specify.	Not Applicable
<u>W</u>	scription of filing (if filing follows rates of an advisor are adopting the 4/1/2009 NCCI IL voluntary rates of an advisor are adopting the 4/1/2009 NCCI IL voluntary rates of an advisor are adopting the 4/1/2009 NCCI IL voluntary rates of an advisor are adopting the 4/1/2009 NCCI IL voluntary rates of an advisor are adopting the 4/1/2009 NCCI IL voluntary rates of an advisor are adopting the 4/1/2009 NCCI IL voluntary rates of an advisor are adopting the 4/1/2009 NCCI IL voluntary rates of an advisor are adopting the 4/1/2009 NCCI IL voluntary rates of an advisor are adopting the 4/1/2009 NCCI IL voluntary rates of an advisor are adopting the 4/1/2009 NCCI IL voluntary rates of an advisor are adopting the 4/1/2009 NCCI IL voluntary rates of an advisor are adopting the 4/1/2009 NCCI IL voluntary rates of a second are adopting the 4/1/2009 NCCI IL voluntary rates of a second are adopting the 4/1/2009 NCCI IL voluntary rates of a second are adopting the 4/1/2009 NCCI IL voluntary rates of a second are adopting the 4/1/2009 NCCI IL voluntary rates of a second are adopting the 4/1/2009 NCCI IL voluntary rates of a second are adopting the 4/1/2009 NCCI IL voluntary rates of a second are adopting the 4/1/2009 NCCI II voluntary rates of a second are adopting the 4/1/2009 NCCI II voluntary rates of a second are adopting the 4/1/2009 NCCI II voluntary rates of a second are adopting the 4/1/2009 NCCI II voluntary rates of a second are adopting the 4/1/2009 NCCI II voluntary rates of a second are adopting the 4/1/2009 NCCI II voluntary rates of a second are adopting the 4/1/2009 NCCI II voluntary rates of a second are adopting the 4/1/2009 NCCI II voluntary rates of a second are adopting the 4/1/2009 NCCI II voluntary rates of a second are adopting the 4/1/2009 NCCI II voluntary rates of a second are adopting the 4/1/2009 NCCI II voluntary rates of a second are adopting the 4/1/2009 NCCI II voluntary rates of a second are adopting the 4/1/2009 NCCI II voluntary rates of a second are adopting the 4/1/2009 NCCI II voluntary	ory organization, specify organization). es with an effective date of 7/1/09	Law only Filin,
	nange in Company's premium level which will resul	lt from application of new rates.	
			Insurance Company of Company
			Actuarial Analyst

ILLINOIS SUMMARY SHEET

Chan	ge in Company's pre	emium or rate level produced t	by rate revision	on effective			July 1, 2009
	Cox	(1)		(2) Annual Prem Volume (Illin			(3) Percent Change (+ or -)**
		, o, ugo			,		- , ,
1.	Automobile Liabilit	y					
	Private Passen	ger					
	Commercial						
2.	Automobile Physic	al Damage					
	Private Passen	ger					
	Commercial						
3.	Liability Other Than	n Auto					
4.	Burglary and Theft						
5.	Glass				 		
6.	Fidelity						
7.	Surety						
8.	Boiler and Machine	ery				_	
9.	Fire						
10.	Extended Coverage	e			<u> </u>	<u> </u>	
11.	Inland Marine						
12.	Homeowner's			<u></u>		_ <u>-</u>	
13.	Commercial Multi-F	Peril				_	
14.	Crop Hail						
15.	Workers Compens	ation		9,358,2	<u>35</u>	_	2.5%
16.	Other					_	
	Line	of Insurance					
Does	filing only apply to ce	ertain territory (territories) or co	ertain classes	s? If so, specify		No.	
Driof (description of filing (it	filing follows rates of an advis	sorv organiza	tion, specify organi	zation)	Adoption of	NCCI approved
Work	cers Compensati	on loss costs and rating	values per	NCCI Circular	IL-2009-		
		cost multipliers and rat			only	Filing	
-	ун арру			1.710		77-7	
*		all prior rate changes					
**	Changes in Compa	ny's premium level which will	result from an	oplication of new rate	tes.		
	f	DIVISION OF INSURA	ANCE				
		STATE OF ILLINOIS/ID	PPD	Travelers	Casualt	v Insurance C	company of America
		9 8	ţ			ne of Company	The party of the p
	i	JUL 0 1 200	19 [. /	// <u>-</u>	
	Ŋ	JUL V I 200	. ~	Buy	Hef	frag	0 11/2 5 11 1
			_				2nd Vice President
		Springfield, ill	INOIS		Ot	fficial - Title	
	l,	U	desired to the second				

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ILLINOIS SUMMARY SHEET

FORM RF-3

Char	nge in Company's premium or rate level produced by r	rate revision effective	July 1, 2009
	(1) Coverage	(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ or -)**
	Coverage	, orang (minute)	• • • • • • • • • • • • • • • • • • • •
1.	Automobile Liability		
	Private Passenger		
_	Commercial		
2.	Automobile Physical Damage		
	Private Passenger		
3.	Commercial Liability Other Than Auto		
3. 4.	Burglary and Theft		
ъ. 5.	Glass		
6.	Fidelity		
7.	Surety	-	
8.	Boiler and Machinery		
9.	Fire		
10.	Extended Coverage		
11.	Inland Marine		
12.	Homeowners		
13.	Commercial Multi-Peril		<u> </u>
14.	Crop Hail	5,795,243	2.5%
15. 16.	Workers Compensation Other	0,730,240	
10.	Line of Insurance		
			•
Does	filing only apply to certain territory (territories) or certain	ain classes? If so, specify No.	
Brief (description of filing (if filing follows rates of an advisor	v organization, specify organization) Adoptio	n of NCCI approved
Worl	kers Compensation loss costs and rating va		
curre	ent approved loss cost multipliers and rating	values. Law only Fili	ng
			·
*	Adjusted to reflect all prior rate changes	ult form andication of new votes	
** .	Changes in Company's premium level which will res	suit from application of new rates.	
	OF INCLEANCE	Travelers Casualty &	
	DIVISION OF INSURANCE STATE OF ILLINOIS/IDEPR	Name of Compa	any
	FILED	Buy Haffras	
	0.1.0000		2nd Vice President
	JUL 0 1 2009	Official - Title	
	SPRINGFIELD, ILLINOIS		

WC-IL-7

ILLINOIS SUMMARY SHEET

FORM RF-3

	nge in Company's premium or rate level produced by rate re	vision effective	July 1, 2009
	(1)	(2) Annual Premium	(3) Percent
	Coverage	Volume (Illinois)*	Change (+ or -)**
1.	Automobile Liability		
	Private Passenger		
	Commercial		
2.	Automobile Physical Damage		
	Private Passenger		
	Commercial		
3.	Liability Other Than Auto		-
4.	Burglary and Theft		
5.	Glass		
6.	Fidelity		
7.	Surety		
8.	Boiler and Machinery	· · · · · · · · · · · · · · · · · · ·	
9.	Fire		
10.	Extended Coverage		
11.	Inland Marine		
12.	Homeowners		
13.	Commercial Multi-Peril		
14.	Crop Hail		
15.	Workers Compensation	37,815,142	2.5%
16.	Other		
	Line of Insurance		
10.			
	filing only apply to certain territory (territories) or certain cla	sses? If so, specify No.	
Does Brief	description of filing (if filing follows rates of an advisory orga	nization, specify organization) Adop	tion of NCCI approved
Does Brief (description of filing (if filing follows rates of an advisory orga kers Compensation loss costs and rating values	nization, specify organization) Adop per NCCI Circular IL-2009-01. The	filing maintains the
Does Brief (description of filing (if filing follows rates of an advisory orga	nization, specify organization) Adop per NCCI Circular IL-2009-01. The	
Does Brief (description of filing (if filing follows rates of an advisory orga kers Compensation loss costs and rating values	nization, specify organization) Adop per NCCI Circular IL-2009-01. The	filing maintains the
Does Brief (description of filing (if filing follows rates of an advisory orga kers Compensation loss costs and rating values ent approved loss cost multipliers and rating valu	nization, specify organization) Adop per NCCI Circular IL-2009-01. The	filing maintains the
Does Brief (description of filing (if filing follows rates of an advisory orga kers Compensation loss costs and rating values	nization, specify organization) Adop per NCCI Circular IL-2009-01. The les. Law Only F	filing maintains the
Does Brief (Worl	description of filing (if filing follows rates of an advisory orga kers Compensation loss costs and rating values ent approved loss cost multipliers and rating value Adjusted to reflect all prior rate changes	nization, specify organization) Adop per NCCI Circular IL-2009-01. The les. Au only for the properties of new rates.	e filing maintains the
Does Brief (Worl	description of filing (if filing follows rates of an advisory orga kers Compensation loss costs and rating values ent approved loss cost multipliers and rating value Adjusted to reflect all prior rate changes	nization, specify organization) per NCCI Circular IL-2009-01. The les. Au Only France of new rates. Travelers Inde	e filing maintains the
Does Brief (Worl	description of filing (if filing follows rates of an advisory orga kers Compensation loss costs and rating values ent approved loss cost multipliers and rating value Adjusted to reflect all prior rate changes	nization, specify organization) Adop per NCCI Circular IL-2009-01. The les. Au only for the properties of new rates.	e filing maintains the
Does Brief (Worl	description of filing (if filing follows rates of an advisory orga kers Compensation loss costs and rating values ent approved loss cost multipliers and rating value Adjusted to reflect all prior rate changes	nization, specify organization) Adop per NCCI Circular IL-2009-01. The les. Au only f m application of new rates. Travelers Inde Name of Con	e filing maintains the
Does Brief (Worl	description of filing (if filing follows rates of an advisory orga kers Compensation loss costs and rating values ent approved loss cost multipliers and rating value Adjusted to reflect all prior rate changes	nization, specify organization) per NCCI Circular IL-2009-01. The les. Au Only France of new rates. Travelers Inde	e filing maintains the

DIVISION OF INSURANCE STATE OF ILLINOIS/IDEPR

JUL 0 1 2009

SPRINGFIELD, ILLINOIS

WC-IL-7

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ILLINOIS SUMMARY SHEET

Char	nge in Company's premium or rate level produced by rate rev	vision effective	July 1, 2009
	(1)	(2) Annual Premium	(3) Percent
	Coverage	Volume (Illinois)*	Change (+ or -)**
1.	Automobile Liability		
	Private Passenger		
	Commercial		
2.	Automobile Physical Damage		
	Private Passenger		_:
	Commercial		· ·
3.	Liability Other Than Auto		
4.	Burglary and Theft		
5.	Glass		
6.	Fidelity		
7.	Surety		
8.	Boiler and Machinery		
9.	Fire		
9. 10.			
	Extended Coverage		
11.	Inland Marine		
12.	Homeowners		
13.	Commercial Multi-Peril		
14.	Crop Hail	20 510 060	2.5%
15.	Workers Compensation	20,518,969	2.5%
16.	Other		_
	Line of Insurance		
		A 15	No
Does	filing only apply to certain territory (territories) or certain clas	sses? If so, specify	No.
D 1.6	description of filing (if filing follows rates of an advisory organ	nization enecify organization)	Adoption of NCCI approved
Brief	cers Compensation loss costs and rating values p	nor NCCI Circular II2009-(
vvori	ters Compensation loss costs and rating values p	per NCCI Circular IL-2009-0	
curre	ent approved loss cost multipliers and rating value	es. LAW only f	line
	and the first of the standard shares		
	Adjusted to reflect all prior rate changes		
**	Changes in Company's premium level which will result from	n application of new rates.	
			•
		Travelers Inde	emnity Company of America
			e of Company
			(/
		Dung Hef	frag
	DIVISION OF INSURANCE		2nd Vice President
	DIVISION OF INSURANCE STATE OF ILLINOIS/IDEPR	Of	ficial - Title
	1111 0 1 2000		
	JUL 0 1 2009		
	who	C-IL-7	Printing 08/95
	SPRINGFIELD, ILLINOIS	· -= ·	· ·····
	SI IMAGILIELD, ILLINOIS		

Printing 08/95

ILLINOIS SUMMARY SHEET

FORM RF-3

Change in Company's premium or rate level pro	oduced by rate revision effective	July 1, 2009
(1) Coverage	(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ or -)**
Automobile Liability Private Passenger Commercial		
Automobile Physical Damage Private Passenger Commercial		
 Liability Other Than Auto Burglary and Theft Glass 		
 Fidelity Surety Boiler and Machinery 		
9. Fire10. Extended Coverage11. Inland Marine		
12. Homeowners13. Commercial Multi-Peril14. Crop Hail		
15. Workers Compensation16. OtherLine of Insurance	9,404,418	2.5%
Does filing only apply to certain territory (territori	ies) or certain classes? If so, specify	No.
Brief description of filing (if filing follows rates of Workers Compensation loss costs and current approved loss cost multipliers a	rating values per NCCI Circular IL-2009-0	Adoption of NCCI approved 1. The filing maintains the
* Adjusted to reflect all prior rate changes Changes in Company's premium level when the company of the changes in Company's premium level when the change	Buin Heffe	nity Company of Connecticut of Company 2nd Vice President cial - Title

WC-IL-7

ILLINOIS SUMMARY SHEET

Chan	ge in Company's premium or rate level produced by rate rev	vision effective	July 1, 2009
	(1)	(2)	(3)
	Coverage	Annual Premium Volume (Illinois)*	Percent Change (+ or -)**
1.	Automobile Liability		
	Private Passenger		
	Commercial		
	=		
•	Automobile Physical Damage		
	Private Passenger		
	Commercial		
	Liability Other Than Auto		
	Burglary and Theft		
	Glass		
	Fidelity		
	Surety		
	Boiler and Machinery		
	Fire		
	Extended Coverage		
	Inland Marine		
	Homeowners		
	•	-	
	Commercial Multi-Peril		
	Crop Hail	EC 070 CO4	2.50/
	Workers Compensation	56,970,604	2.5%
	Other		
	Line of Insurance		
es i	iling only apply to certain territory (territories) or certain clas	sses? If so, specify	lo.
	escription of filing (if filing follows rates of an advisory organ		Adoption of NCCI approved
	ers Compensation loss costs and rating values		
re	nt approved loss cost multipliers and rating value	es. LAW only Fi	line
_		/	
	Adjusted to reflect all prior rate changes		
	Changes in Company's premium level which will result from	n application of new rates	
	Changes in Company's premium level which will result hon	ri application of new rates.	
		Toursdays Dysmayby	Sanualta Carra area of Array's
			Casualty Company of America
		Name o	f Company
	6	Buin stellie	۸.
	DIVISION OF INSURANCE		2nd Vice President
	STATE OF ILLINOIS/IDEPR	O46-:	
	FILED	Office	al - Title
	JUL 0 1 2009		
			,
	l wo	:-IL-7	Printing 08/95
	SPRINGEIELD ILLINOIS		

(1)	June 1, 2009 (2) Annual Premium	(3) Percent
Coverage	Volume (Illinois) *	Change (+ or -) *
Automobile Liability		
Private Passenger		
Commercial		
Automobile Physical Damage		
Private Passenger		
Commercial		
Liability Other Than Auto		
Burglary and Theft		
Glass		
Fidelity		
Surety		
Boiler and Machinery		
Fire		
Extended Coverage		
Inland Marine		
Homeowners		
Commercial Multi-Peril		
Crop Hail		
Other Workers Compensation	\$9,042,152	2.5%
Line of Insurance		
es filing only apply to certain territory (terrises? If so, specify: No	itories) or certain	

* Adjusted to reflect all prior rate changes.

** Change in Company's premium level which will result from application of new rates.

DIVISION OF INSURANCE STATE OF ILLINOIS/IDEPR

JUN 0 1 2009

SPETTOTION ILLINOIS

Truck Insurance Exchange
Name of Company

James J. Gebhard, FCAS, MAAA Actuary, Workers Compensation

Official - Title

		Filing Date:	4/22/2009
SUMN Chang	DIS DEPARTMENT OF INSURANCE IARY SHEET Je in Company's premium or rate level prodevision effective	DIVISION STATE OF FINAL PROPERTY OF THE PROPER	OF WSURANCE FILL WOIS/IDFRA O AUGUST 1, 2009
	(1)	SPRINGFIEL Annual Premium	D, ILLINO Shange (+ or -)**
	Coverage	Volume (Illinois)*	Change (+ or -)**
1.	Automobile Liability Private Passenger Commercial		
2.	Automobile Physical Damage Private Passenger Commercial		
3.	Liability Other Than Auto		
4.	Burglary and Theft		
5.	Glass		
6.	Fidelity		
7.	Surety		
8.	Boiler and Machinery		
9.	Fire		
10.	Extended Coverage		
11.	Inland Marine		
12.	Homeowners		
13.	Commercial Multi-Peril		
14.	Crop Hail		0.00/
15.	Other Workers' Compensation Line of Insurance	56,436,569	2.2%
	this filing only apply to certain territory (terri specify:	itories) or certain classes?	No

Brief description of filing. (If filing follows rates of an advisory organization, specify organization):

Twin City Fire Insurance Company will deviate 00% from the group rates. including a loading for our own expenses with an expense multiplier of 1.433.

* Adjusted to reflect all prior rate changes.

** Change in the company's premium level which will result from application of new rates.

Twin City Fire Insurance Company

Name of Company

Anne Bilodeau Pricing Consultant Official-Title RECEIVED

MAY - 4 2009

IDFPR (MPC)
DIVISION OF INSURANCE
SPRINGFIELD

RECEIVED

APR 1 3 2009

DIVISION OF INSURANCE SPRINGFIELD

Form (RF-3)

SUMMARY SHEET

Change in Company's premiu revision effective 07/01/2	m or rate level pro 2009	duced by rate
(1)	(2) Annual Premium Volume (Illinois)	(3) Percent * Change (+ or -)**
<u>Coverage</u>	volume (IIIInois,	change (+ Oi -)
1. Automobile Liability		
Private Passenger Commercial		
2. Automobile Physical Damage		
Private Passenger		
Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire 10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other Workers Compensation	2,741,	794 +6.1%
Line of Insurance		
Does filing only apply to certain If so, specify: Brief description of filing. (If organization, specify organization)	filing follows rate	es of an advisory
		DIVISION OF INSURANCE
		STATE OF ILLINOIS/IDEPR
		1
* Adjusted to reflect all prior n** Change in Company's premium levresult from application of new	el which will	JUL 0 1 2009
		SPRINGFIELD, ILLINOIS
	IItiaa Mutual I	agurango Company
		nsurance Company Company
		ce President/Actuary
		- Title
300010D		

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APR 2 4 2009

IDFPR (MPC)
DIVISION OF INSURANCE
SPRINGFIELD

Illinois

ILLINOIS SUMMARY SHEET

ange in	Company's premium or rate level produced by rate revision	effective:	July 1, 2009
	(1) Coverage	(2) Annual Premium Volume (Illinois) *	(3) Percent Change (+ or -) **
1.	Automobile Liability Private Passenger Commercial		
2 .	Automobile Physical Damage Private Passenger Commercial		
3	Liability Other than Auto		
4.	Burglary and Theft		
5.	Glass		
6.	Fidelity		
7.	Surety _		
8.	Boiler and Machinery		
9.	Fire DIVISION OF INSURANCE STATE OF ILLINOIS/IDFPR	5	
10 .	Extended Coverage = 1 = D -		
11.	Inland Marine		
12 .	Homeowners Commercial Multi-Peril JUL 0 1 2009 -		
13 .	Commercial Matri	<u>.</u>	
14 .	Crop Hail	25.741.057	2.5%
15.	Workers Compensation Other: SPRINGFIELD, ILLINOIS	25,741,957	<u>Z.370</u>
16 .	Other: SPANGFILLD, ILLINOIS		
es filin	g only apply to certain territory (territories) or certain classe	s? If so, specify.	Not Applicable
ef desc <u>We</u>	cription of filing (if filing follows rates of an advisory organic are adopting the 4/1/2009 NCCI IL voluntary rates with an	ization, specify organization). effective date of 7/1/09	LAW only Fi
	force Written Premium ange in Company's premium level which will result from app	plication of new rates.	
		Valley Forge Insur	ance Company
	-	Name of Co	
	_	Sean Ramlal - Act	
		Official -	Title

DIVISION OF INSURANCE STATE OF ILLINOIS/IDFPR

APR 0 1 2009

Form (RF-3)

SUMMARY SHEET

Product Manager

Official - Title

	SPAIN	apield, illinois	4/1/2000
	Change in Company's promum or rate	level produced by rate revision effective	4/1/2009
	(1)	(2) Annual Premium	(3) Percent
	Coverage	Volume (Illinois)*	<u>Change (+ or -)**</u>
1.	Automobile Liability		
	Private Passenger		
2	Commercial		
2.	Automobile Physical Damage Private Passenger		
•	Commercial		
3.	Liability Other Than Auto		
4.	Burglary and Theft	and the second s	
5.	Glass		
6.	Fidelity		
7.	Surety		
8.	Boiler and Machinery		
9.	Fire		
10.	Extended Coverage		
11.	Inland Marine		
12.	Homeowners		
13.	Commercial Multi-Peril		
14.	Crop Hail		
15.	Other Work Comp	2944327	2.50%
10.	Line of Insurance		
Does	filing only apply to certain territory (te	rritories) or certain classes? If so, specify	<i>r</i> :
NO			
Brief	description of filing. (If filing follows	rates of an advisory organization, specify	v organization):
	CI - Law-Only Filing		
App	roval Circular IL-2009-03		
* A	Adjusted to reflect all prior rate changes	i.	
	Change in Company's premium level wi		
	esult from application of new rates.		
	••		
		Vanl	iner Insurance Company
		- "-	Name of Company
		NT:_1.	alas Vahl
		Nich	olas Kohl

ILLINOIS DEPARTMENT OF INSURANCE SUMMARY SHEET

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IDFPR (MPC)
DIVISION OF INSURANCE
SPRINGFIELD

Change in Company's premium or rate level produced by rate revision effective 06/01/2009

			
	(1)	(2) Annual Premium	(3) Percent
	<u>Coverage</u>	Volume (Illinois)*	Change (+ or -)**
1.	Automobile Liability Private		
	Passenger Commercial		
2.	Automobile Physical Damage		
	Private Passenger Commercial		
3.	Liability Other Than Auto		
4.	Burglary and Theft		
5.	Glass		
6.	Fidelity		
7.	Surety		
8.	Boiler and Machinery		
9.	Fire		
10.	Extended Coverage		
11.	Inland Marine		
12.	Homeowners		
13.	Commercial Multi-Peril		
	Crop Hail		
	Other Workers' Compensation	1,945,027	2.1%
	Line of Insurance		
Do	es filing only apply to certain territory (te	erritories) or certain classes? If so, specify:	
App	lies to all territories and classes.		
Bri	ef description of filing. (If filing follows ra	ites of an advisory organization, specify orga	nization):
Add	ption of the 4/1/09 loss costs published by NCCI	(NCCI Approval Circular # IL - 2009 - 03)	
	djusted to reflect all prior rate changes.		
**C	Change in Company's premium level wh	ich will result from application of new rates.	
		VE-Visit Insurance Comment	·
		Vigilant Insurance Company	
		· Na	ime of Company
		Assistant Vice President	Fulletul

DIVISION OF INSURANCE STATE OF ILLINOIS/IDFPR

JUN 0 1 2009

SPRINGFIELD, ILLINOIS

ILLINOIS DEPARTMENT OF INSURANCE

SUMMARY SHEET

Change in Company's premium or rate	level produced by rate revision effective	7/1/2009
(1) <u>Coverage</u>	(2) Annual Premium <u>Volume (Illinois)*</u>	(3) Percent <u>Change (+ or -)**</u>
Automobile Liability Private		
Passenger Commercial		
 Automobile Physical Damage Private Passenger Commercia 	•	
3. Liability Other Than Auto		
Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail	17,588,470	-24.9%
15. Other Workers Compensation Line of Insurance	17,500,470	21.070
Brief description of filing (If filing follo	y (territories) or certain classes? If so, specification was rates of an advisory organization, specific the revised loss cost multipliers effective 7/1	rify organization): Filing to adopt NCCI
47 172009 loss costs and rating values v	VIII. TOVICCE ICCC UCC.	·
*Adjusted to reflect all prior rate change **Change in Company's premium level	which will result from application of new rate	usiness Insurance Company
		Name of Company
	Bonnie Roeder	State Filings Analyst
·		Official – Title
	DIVISION OF INSURANCE STATE OF ILLINOIS/IDFPR	

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SPRINGFIELD, ILLINOIS

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ILLINOIS DEPARTMENT OF INSURANCE

SUMMARY SHEET

(1)	(2)	(3)
	Annual Premium	Percent
<u>Coverage</u>	Volume (Illinois)*	Change (+ or -)**
Automobile Liability Private		
Passenger Commercial		
2. Automobile Physical Damage		
Private Passenger Commercial		·
3. Liability Other Than Auto		
 Burglary and Theft 		
5. Glass		
6. Fidelity		
7. Surety		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
·	<u> </u>	
14. Crop Hail		
15. Other Workers Compensation	3,562,858	-24.6%
Line of Insurance		
Does filing only apply to certain territory (ter	ritories) or certain classes? If so, spe	ecify:
does ming only apply to certain territory (terr	money of certain diagoes. It so, spe	<u>.</u>
Brief description of filing. (If filing follows ra	ates of an advisory organization, sp	pecify organization): Filing to adopt NCC
1/1/2009 loss costs and rating values with re	evised loss cost multipliers effective	7/1/2009.
		·
ka' Parata da a Marata di maion anto abanggo		
Adjusted to reflect all prior rate changes.	h will requit from application of now r	ates
*Change in Company's premium level whic	n will result from application of new t	ales.
	Walisa	u General Insurance Company
	- V ddod	Name of Company
		. , .
	Bonnie Roeder	State Filings Analyst
		Official Title
		·
•		•
		DIVISION OF INSURANCE
•		STATE OF ILLINOISIDE

JUL 0 1 2009

SPRINGFIELD, ILLINOIS

ILLINOIS DEPARTMENT OF INSURANCE SUMMARY SHEET

Change in Company's premium or rate le	evel produced by rate revision effective	7/1/2009
(1) <u>Coverage</u>	(2) Annual Premium <u>Volume (Illinois)*</u>	(3) Percent <u>Change (+ or -)**</u>
 Automobile Liability Private Passenger Commercial Automobile Physical Damage Private Passenger Commercial Liability Other Than Auto Burglary and Theft Glass Fidelity Surety Boiler and Machinery Fire Extended Coverage Inland Marine Homeowners Commercial Multi-Peril Crop Hail Other Workers Compensation Line of Insurance 		O I 2009 LD, ILLINOIS -15.6%
Brief description of filing. (If filing follow 4/1/2009 loss costs and rating values v	(territories) or certain classes? If so, speci rs rates of an advisory organization, spe with revised loss cost multipliers effective mpany from NCCI Nonstock Table 10 to N	cify organization): Filing to adopt NCCI e 7/1/2009. We are also requesting to
	hich will result from application of new rate	nderwriters Insurance Company Name of Company State Filings Analyst Official – Title

Section 754.EXHIBIT A Summary Sheet (Form RF-3)

CIVISION OF INSURANCE STATE OF ILLINOIS/IDFPR

FORM (RF-3)

JUL 0 1 2009

SUMMARY SHEET

Change in Company's premium or rate level produced by tate revision.

effective July 1, 2009 (1) (2) (3)**Annual Premium** Percent Volume (Illinois) * Change (+or-) ** Coverage Automobile Liability Private 1. Passenger Commercial 2 Automobile Physical Damag Private Passenger Commercial 3. Liability Other Than Auto 4. **Burglary and Theft** 5. Glass 6. **Fidelity** 7. Surety 8. **Boiler and Machinery** 9. 10. Extended Coverage 11. Inland Marine 12. Homeowners 13. Commercial Multi-Peril 14. Crop Hail 15. Other Workers Compensation \$58,664,882 (2008) +2.5% (increase) Life of Insurance Does filing only apply to certain territory (territories) or certain Classes? If so, specify: No Brief description of filing. (If filing follows rates of an advisory Organization, specify organization): Adoption of Illinois Workers Compensation rates approved by Illinois Division of Insurance effective July 1, 2009 *Adjusted to reflect all prior rate changes. **Change in Company's premium level which will result from application of new rates.

West Bend, a Mutual Insurance Company

Name of Company

Stephen J. Mueller - Product Development Specialist

Official — Title

ILLINOIS DEPARTMENT OF INSURANCE SUMMARY SHEET

(1) <u>Coverage</u>	(2) Annual Premium <u>Volume (Illinois)*</u>	(3) Percent <u>Change (+ or -)**</u>
. Automobile Liability Private		
Passenger Commercial _		
Automobile Physical Damage		
Private Passenger Commercial Liability Other Than Auto		
Burglary and Theft		
Glass		
Fidelity _		
Surety _		White the same state of the sa
Boiler and Machinery _ Fire		A STATE OF THE STA
D. Extended Coverage		
Inland Marine		
2. Homeowners 3. Commercial Multi-Peril		
5. Commercial Multi-Peril 4. Crop Hail		
5. Other Worker's Compensation	\$ 58,533	2.5%
-		
oes filing only apply to certain territory (t	rates of an advisory organization, specif	fy organization):
oes filing only apply to certain territory (territory) of filing. (If filing follows reference are filing to adopt NCCI loss costs efforts). Adjusted to reflect all prior rate changes.	rates of an advisory organization, specif 8/1/09. If em IL- 2009-0.	fy organization): 3 LAW only I=, ling ates. XL Insurance America
oes filing only apply to certain territory (territory) of filing. (If filing follows reference are filing to adopt NCCI loss costs efforts). Adjusted to reflect all prior rate changes.	rates of an advisory organization, specif 8/1/09. If em IL- 2009-0.	fy organization): 3 LAW only I=, ling ates.
cief description of filing. (If filing follows reare filing to adopt NCCI loss costs effollows to reflect all prior rate changes.	rates of an advisory organization, specif 8/1/09. If em IL- 2009-0.	ify organization): 3 LAW only I=, ling ates. XL Insurance America Name of Company lams - Assistant Vice President
rief description of filing. (If filing follows rive are filing to adopt NCCI loss costs efforts) Adjusted to reflect all prior rate changes. Change in Company's premium level where the state of the s	rates of an advisory organization, specif 8/1/09. If an IL- 2009-0. nich will result from application of new rate. Boyd Ad	fy organization): 3 LAW only I=, ling ates. XL Insurance America Name of Company

ILLINOIS DEPARTMENT OF INSURANCE SUMMARY SHEET

Change in Company's premium or rate le	evel produced by rate revision effective	8/1/09
(1)	(2) Annual Premium Volume (Illinois)*	(3) Percent Change <u>(+ or -)**</u>
<u>Coverage</u>	volume (illinois)	Change (* Or -7
Automobile Liability Private		
Passenger Commercial 2. Automobile Physical Damage		
Private Passenger Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners13. Commercial Multi-Peril		40.1044
14. Crop Hail		
15. Other Worker's Compensation Line of Insurance	\$4,140,490	2.5%
Does filing only apply to certain territory	(territories) or certain classes? If so, specify	: <u>N/A</u>
Brief description of filing. (If filing follows	rates of an advisory organization, specify o	rganization):
We are filing to adopt loss costs effective	8/1/09. Frem IL - 2009-03	LAW only Filix
		/
*Adjusted to reflect all prior rate changes		
**Change in Company's premium level w	which will result from application of new rate	S.
	XL Spec	ialty Insurance Company
		Name of Company
	- Boyd Adam	s - Assistant Vice President
	NSURAN	CE
J. During	· • • • • • • • • • • • • • • • • • • •	
STATE	OF	
E OF	OF INSUPANCE PRINCES IN 1 2009	
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/ 00	1 2009	
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SPRINGFIELD	LLINOIS /	
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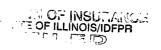
ILLINOIS SUMMARY SHEET FORM RF-3

Change in company's premium or rate level produ	uced by rate revision effective	06/01/2009	
(1) Coverage	(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ or -)**	
Automobile Liability Private Passenger Commercial			
 Automobile Physical Damage Private Passenger Commercial 			
3. Liability Other than Auto			
4. Burglary and Theft			
5. Glass DIVISION OF INSURANCE STATE OF ILLINOIS/IDEPR	E		
STATE OF ILLINOIS/IDFPR 6. Fidelity			
7. Surety JUN 1 2009			
B. Boiler and Machinery			
9. Fire SPRINGFIELD, ILLINOIS	S		
10. Extended Coverage			
11. Inland Marine			
12. Homeowners			
13. Commercial Multi-Peril			
14. Crop Hail			
15. Workers' Compensation	15,983,365	2.5%	
16. Other Line of Insurance			
Does filing only apply to certain territory (territories	s) or certain classes? If so, specify	No	
Brief description of filing (if filing follows rates of a We are filing to adopt the 4/1/09 approved N Hospital Outpatient and Ambulatory Surgical	CCI rates for the Law-Only filing i	eflecting the implementation of t	the
Adjusted to reflect all prior rate changes. Change in company's premium level which w	-		
		Zenith Insurance Company	
		Name of Company	

ILLINOIS DEPARTMENT OF INSURANCE SUMMARY SHEET

Change in Company's premium or rate	level produced by rate revision effe	ective 06/01/2009
J	,	

	(1)	(2) Annual Premium	(3) Percent
	<u>Coverage</u>	Volume (Illinois)*	Change (+ or -)**
1.	Automobile Liability Private		
	Passenger Commercial		
2.	Automobile Physical Damage Private Passenger Commercial		
3.	Liability Other Than Auto		
4.	Burglary and Theft		
5.	Glass		
6.	Fidelity		
7.	Surety		
8.	Boiler and Machinery		
9.	Fire		
10.	Extended Coverage		
11.	Inland Marine		
12.	Homeowners		
13.	Commercial Multi-Peril		
14.	Crop Hail		
	Other Workers Compensation	37,880,875	2.4%
	Line of Insurance		
Doe	es filing only apply to certain territory (t	erritories) or certain classes? If so, specify:	
Brid	ef description of filing (If filing follows r	ates of an advisory organization, specify orga	nization):
	ption of NCCI advisory loss costs and rating value		Filing
Aud	phon of 14001 auvisory 1033 costs and fatting value	Co directive that 1, 2000	7 1 11Ng
	ljusted to reflect all prior rate changes. hange in Company's premium level wh	nich will result from application of new rates.	
		Zurich American Insurance Con	npany
			ne of Company
		Denise Goode, Secretary	
		C	Official – Title



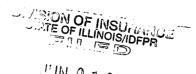
JUN 0 1 2009

CORREGHELD, ILLINOIS

ILLINOIS DEPARTMENT OF INSURANCE SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective 06/01/2009

	(1)	(2) Annual Premium	(3) Percent	
	<u>Coverage</u>	Volume (Illinois)*	Change (+ or -)**	
1. 2.	Automobile Liability Private Passenger Commercial Automobile Physical Damage			
	Private Passenger Commercial			
3.	Liability Other Than Auto			
4. 5.	Burglary and Theft Glass			
5. 6.	Fidelity			
7.	Surety	· · · · · · · · · · · · · · · · · · ·	- Pulipular - Puli	
8.	Boiler and Machinery	· · · · · · · · · · · · · · · · · · ·		
9.	Fire	The state of the s		
	Extended Coverage			
	Inland Marine			
	Homeowners			
	Commercial Multi-Peril			
	Crop Hail	4 000 054	0.50/	
15.	Other Workers Compensation Line of Insurance	1,929,054	2.5%	
Doe	es filing only apply to certain territory (t	erritories) or certain classes? If so, specify:		
	ef description of filing. (If filing follows rotion of NCCI advisory loss costs and rating value	ates of an advisory organization, specify orga es effective April 1, 2009		
ridoj	Silot to the or durisory loss costs and ruting value	es encouverypin 1, 2000	7049	
	ljusted to reflect all prior rate changes. hange in Company's premium level wl	nich will result from application of new rates.		
		Zurich American Insurance Company of Illinois		
		Name of Company		
		Denise Goode, Secretary		
		<u> </u>	ficial _ Title	



JUN 0 1 2009

Serield, Illinois